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ABSTRACT

This report presents case studies of nine successful programs designed to reduce alcohol and substance abuse among American Indians and Alaska Natives. These case studies highlight effective solutions developed within tribal communities and combining Western and traditional approaches to build upon the strengths of the respective Indian communities. Three types of policy initiatives are reflected: efforts that control the availability of drugs and alcohol within a tribal jurisdiction; educational and treatment efforts; and efforts that reduce social and environmental risk factors for the individual and the community. The programs fall into eight categories: public policy initiative, tribal courts, corrections, community and law enforcement initiatives, youth prevention, youth intervention, adult intervention, and comprehensive programs. Each program includes services providing a link to the spiritual beliefs of the Indian person, services that are culturally reflective of the Indian community, and services that strengthen the relationship of the Indian person to his or her community. Each program description includes the problem(s) addressed, strategies used, administrative support, results, and outcomes. Also included are points for replication and a contact person. A resource section provides contact information and summaries for 46 public, nonprofit, and private agencies addressing alcohol and substance abuse in Indian communities. A bibliography contains 109 entries. (TD)

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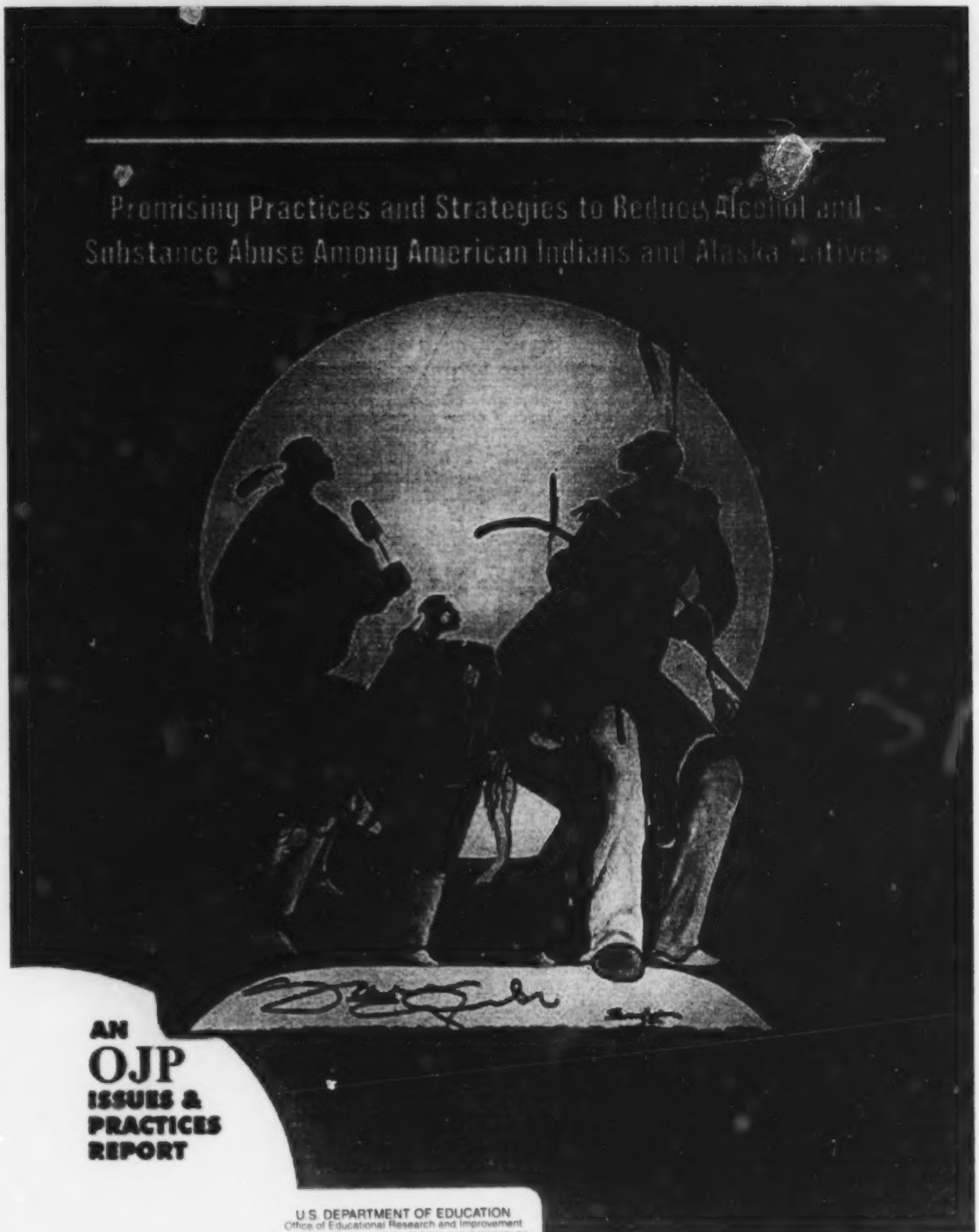

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Promising Practices and Strategies to Reduce Alcohol and Substance Abuse Among American Indians and Alaska Natives

Prepared by
American Indian Development Associates (AIDA)

for the

Office of Justice Programs

August 2000

Foreword By The Attorney General

The Department of Justice is committed to supporting the efforts of tribal governments to develop comprehensive strategies to address alcohol and substance abuse and related crime. Such strategies draw people together to act in unison to build a partnership composed of tribal leaders, the tribal court, prosecutors, law enforcement agents, corrections personnel, spiritual leaders and tribal members.

The Programs showcased in this publication represent three types of policy initiatives designed to reduce alcohol abuse and increase community safety: (1) efforts that control the availability of alcohol within a tribal jurisdiction; (2) educational and treatment efforts; and (3) efforts that reduce the social and environmental factors that increase the risk of harm to the individual and community. These policy initiatives are making a difference in the lives of Indian people. Common themes reflected in the design of these initiatives provide valuable insight for future efforts. Qualities found in each of the programs include: services providing a link to the spiritual belief of the Indian person, services that are culturally reflective of the Indian community, and services that strengthen the relationship of the Indian person to his or her community. These key qualities reflect not only the success of the programs but also speak to the history, survival, and future of Indian Nations in the United States.

People working in these programs enthusiastically shared their experiences in the hope of helping others, and their efforts are much appreciated. Their hard work moves us closer to a time when alcohol abuse no longer endangers the lives of Indian people and the spirit of Indian Nations. We hope that this publication will help advance this goal.

Janet Reno
Attorney General
U.S. Department of Justice

Acknowledgments

In 1991, in order to address the problem of alcohol and substance abuse among American Indians and Alaska Natives, the Attorney General directed a U.S. Department of Justice Working Group to review the current efforts of Indian nations to reduce alcohol and substance abuse among their people. This Working Group consists of representatives from the Offices of the Associate Attorney General, the Office of Tribal Justice, the Office of Policy Development, and the Office of Justice Programs American Indian and Alaska Native Affairs Office. A special thanks is extended to Jacqueline Agtuca, Norena Henry, Katrina Weinig, Jessica Rosenbaum, and Leslie Batchelor for their thorough reviews and recommendations throughout the entire process. This group worked with American Indian Development Associates (AIDA) to identify, review and describe programs and strategies that are working and providing promising results. In February 2000, the Office of Justice Programs provided funding to support the development of a document describing selected programs with promising practices.

In March 2000, AIDA began collecting information from identified programs throughout the country to create a document that would highlight the alcohol and substance abuse related problems they were addressing and the successes they were having. Three individuals who helped to write different sections of the document assisted the primary author and project director Ada Pecos Melton in these efforts. Special thanks to the AIDA staff for their tireless efforts on this Report. This project was produced with the outstanding contributions of Dr. Michelle Chino, Dr. Phillip A. May, and Dr. J. Phillip Gossage.

This project would not have been possible without all of the Indian communities that shared information about the problems they are facing and the programs and strategies they are using. Many programs answered our initial inquiry and the nine selected sites completed intensive interviews, endured site visits, and answered endless requests for additional information.

A special note of appreciation is offered to Sam English, Sr., who graciously donated the image that adorns this publication. Mr. English is an accomplished, world-renowned Indian artist who has dedicated much of his artistic talent to addressing the social problems and injustices created by alcohol and substance abuse. His artistic contributions and public service to Indian nations are unsurpassed, and we thank him.

Finally, acknowledgment and appreciation is extended to the tribal, state, federal and national experts who met in Seattle, Washington to help launch this effort. Over 30 practitioners, administrators, and policy makers from criminal and juvenile justice fields, along with social scientist and behavioral health experts, provided insights to the concerns and issues of Indian nations in addressing substance abuse. The many recommendations helped to begin this project.

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Introduction

More than a decade ago the U.S. Congress passed P.L. 99-570, the Indian Alcohol and Substance Abuse Prevention and Treatment Act (1986), 25 U.S.C. §2411. The Act was based on findings that "alcohol and substance abuse are the most severe health and social problems facing Indian tribes and people today and nothing is more costly to Indian people than the consequences of alcohol and substance abuse measured in physical, mental, social, and economic terms.

By law, Indians were not legally permitted to purchase or consume alcohol in many of the American colonies or the United States for most of the past 500 years on this continent. Since 1953, however, tribes have had the right or ability to regulate alcohol on their reservations, and individual Indians can drink legally in off-reservation settings like other U.S. citizens. The stereotype of the "drunken Indian" has been pervasive in U.S. society and many authors have stated that this helps lead to pathological drinking patterns and adverse consequences after drinking. Indians have been characterized as not being able to behave normally or "within boundaries" when consuming alcohol.

While the impact of alcohol is devastating, recent research sheds light on our understanding of alcohol abuse among American Indian tribes. Fewer Indian people drink and they drink less than non-Indian people do. Attitudes vary across age and gender groups and across the population in general. In some Indian communities and among some groups alcohol use may be socially acceptable even when it becomes a problem. Attitudes also vary with regard to public and private use, and many people have mixed attitudes about how to deal with the problems.

There are numerous solutions to the problems of alcohol and substance abuse that range from economic restrictions to legal sanctions to health interventions and public awareness campaigns. Each can be effective in its own way, but one solution will not address all the issues. A great deal of the harm associated with substance abuse is preventable with increased public awareness of the problems and concerted public action. One step in this direction is development of effective tribal prevention programs throughout the country with support from all levels of the community. Preventive interventions, regardless of whether they come from health, law enforcement or other entities, must reflect tribal culture and beliefs. The most successful intervention and prevention programs build upon local tribal values and traditions.

The following promising practices highlight effective solutions developed within the tribal community that combine western and traditional approaches, building upon the strengths of the respective Indian communities. It is hoped that the programs showcased in this publication can be used in a variety of ways by tribal, state and federal governments and by non-governmental organizations to increase their ability to prevent, intervene or suppress alcohol and substance abuse.

The three sections of this publication provide information on current programs, literature, suggested reading and resources.

Section I: Promising Programs and Initiatives describes the efforts of nine different tribal and non-tribal programs working with Indian people in various settings. The programs fall into eight different categories, which include a public policy initiative, tribal courts efforts, corrections, community and law enforcement initiatives, youth prevention, youth intervention, adult intervention and comprehensive programs. While this is not an exhaustive list of efforts, it does provide information about eight different Indian nations and one state's efforts to address the alcohol and substance abuse problems in their communities. The program reviews start with a description of the problem(s) the program addresses, followed by a description of the program and strategies used, administrative support, results and outcomes. Also included are points for replication and a contact person for the program who you may call for additional information.

Section II: The Literature Review and Selected Bibliography provides a very brief summary of the literature about alcohol and substance abuse among American Indian and Alaska Natives. The primary purpose of this section is to inform readers about the extant Indian alcohol-related research and to describe the main research findings. The areas discussed include the relationship of alcohol to crime, family violence, Fetal Alcohol Syndrome, gambling, gangs, injury and motor vehicle crashes, and suicide among American Indians. The Selected Bibliography complements the literature review with a list of selected readings on 14 topics to help readers to launch their own more thorough review or to get their own research underway. This is not an exhaustive bibliography, but the articles provide plentiful bibliographic information.

Section III: The Selected Resource List provides ample information to get you started in finding resources for funding, technical assistance and training, web sites and accessing educational materials and publications. The following three observations provide a context to consider in reviewing the promising practices contained in this publication:

- Over 60% of all federally recognized reservations have retained policies of prohibition.
- Legalization of alcohol on some reservations in the lower 48 states and in some time periods has been associated with lower crime rates and lower mortality from alcohol-related causes.
- Policies of prohibition enacted among Alaska Native villages seem to be beneficial for injury, violence, and crime reduction.

The need to develop effective prevention and intervention programs to reduce alcohol and substance abuse creates a complicated challenge for American Indian Tribes and Alaska Native Villages. The United States Government has a unique obligation to assist tribal governments in meeting this challenge. A strong Tribal-Federal partnership is essential to this process; one that is founded on accurate information and is informed by the lessons of successful tribal initiatives.

Section I. Promising Programs And Initiatives

POARCH CREEK INDIAN NATION DRUG COURT PROGRAM

Founded:	1997
Service Area:	Tribal jurisdictional boundaries include areas in two states (Alabama and Florida) and four county services areas: Escambia, Baldwin, Monroe and Mobile
Population:	Service population is approximately 3,150 Tribal enrollment is 2,150
Budget:	$173,709 for two years
Source:	Drug Courts Program Office, U.S. Department of Justice

In the last two decades, the Poarch (Muskogee) Creek Nation has fought the encroachment of narcotics, drugs and alcohol in its community. In 1997, over 50% of tribal court cases were drug- or alcohol-related. Efforts by state and national law enforcement to curb drug trafficking along the coastal waters of Florida caused dealers and buyers to relocate their illegal activities to states further west such as Alabama. The Poarch Creek Nation became susceptible to drugs and narcotics trafficking when violators identified the Tribe as a haven to conduct their illegal activities and escape detection or prosecution. Some tribal members became involved in drug trafficking and there was a marked increase in the use of alcohol, narcotics, and other drugs among youth and adults, which contributed to increased intergenerational strife and other problems.

Program Description

The Poarch Creek Drug Court is a specialized court docket set up to handle cases involving alcohol and other drug offenders through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives. One of the most important features is that the Drug Court is a community program developed to respond more effectively to drug and alcohol problems in the community. The primary target population is adults who are arrested or charged with nonviolent, drug- or alcohol-related crimes. Under certain circumstances, juveniles may be admitted into the program.

The Poarch Creek Drug Court utilizes a holistic philosophy including several important components that address the physical, mental, emotional and spiritual

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aspects of an offender's life. It is a structured twelve month program that involves participants in individual counseling, group therapy sessions, educational and awareness activities, and community involvement activities. A group planning and problem solving approach is used in several aspects of the program. The goals of the program are to provide immediate sanctions and direct treatment to drug offenders while holding them accountable for their criminal conduct. The program works to increase protective factors for individuals, families and the community.

Administration and Support

Since its inception, a core team has been involved in the development of the program. The current Drug Court Team is comprised of tribal citizens, tribal employees, the Tribal Court and Tribal Council. The eight member Team provides guidance in program development and hands-on involvement in treatment planning for clients. Team members often conduct education classes or run group sessions. The Drug Court Team conducts regular case management meetings to design, review or modify the treatment and rehabilitation plans of participants.

Each member of the Drug Court Team has a specific role that is defined by the group. For example, the Court Administrator is responsible for managing the referral and information sharing process from initial filing through transition into the Drug Court program. The Tribal Prosecutor's role is to screen and select participants for the program, and then to review client progress and be involved in fashioning of treatment recommendations and review of participant progress while in the program. This approach supports the view that substance abuse is a complicated problem that requires multifaceted and multidisciplinary involvement to reach and implement comprehensive solutions.

The Drug Court Team developed a program manual that describes the program goals and objectives, components, staff roles, rules and regulations for the program. The manual includes forms for court proceedings, client intake and screening, and contracts for each program phase. Clarity and agreement of each member's role is an essential ingredient to successful teamwork.

The program receives wide support from the Tribal Chairman and Tribal Council. Plans are to increase community awareness and support for the program because their support fluctuates with perceived urgency. While there is no formal agreement in place, the Drug Court receives referrals from the State and County courts. They in turn assist the Drug Court Team to access resources needed for participants.

The Poarch Creek Drug Court Team has received training and technical assistance from the Drug Court Program Office of the U.S. Department of Justice, National Association of Drug Court Professionals and the Tribal Law and Policy Institute.

> *"Program effectiveness depends on a team approach and intergovernmental cooperation to manage and treat offenders."*

Outcomes and Results

The program has been in operation for two years and has admitted 13 adult clients (7 males, 6 females). Six people have successfully completed the program. Although still in the program, one has made significant progress in breaking through her addiction by engaging in positive activities to complete her GED, obtain employment and enroll in college. Others have been able to sustain sobriety through involvement in culturally based spiritual activities such as sweat lodge ceremonies. Another has been able to improve interaction with his children and spouse because he has been sober and drug free for over six months and is undergoing treatment.

Case Processing

Eligibility for the program is based on adult status, tribal membership in Poarch Creek or any other Indian nation, and for nonviolent, alcohol- or drug-related crimes. Crimes usually include driving under the influence, public intoxication, or the illegal purchase, possession or manufacture of controlled substances. Other offenses may be considered if the offender's drug or alcohol addiction is determined to

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be a contributing factor to the crime committed. Examples include thefts, burglaries, dealing in stolen property, prostitution, forgery and other similar offenses.

Selection: In most instances, the Tribal Prosecutor or Drug Court Judge in collaboration with the Drug Court Team selects participants for the program. Offenders may enter the program in one of four ways: 1) law enforcement referrals to the prosecutor or Drug Court Team, 2) pre-trial diversion, 3) at sentencing, or 4) through referrals from other jurisdictions. A client assessment is used to make final determination for admission into the program. The assessment objectives are to make accurate selections of participants using standardized instruments, to maximize consistency in assessment criteria and to employ fair methods in participant selections. Assessments are also used to make correct diagnoses of the alcohol and/or drug problems that need to be treated. The assessment may also reveal other needs the client has such as educational or vocational training needs and assistance with family problems or other mental health needs. The assessment provides the basis for developing treatment and rehabilitation plans.

Programmatic Intervention: Services and treatment consist of four phases, each requiring counseling sessions, drug testing, education and awareness courses and regular Drug Court appearances. Individual treatment and supervision plans address the physical, emotional, spiritual and educational or vocational needs of participants. The intensity of services and supervision are based on each progressive phase. Each phase lasts approximately three months before movement to the next. Phase I is the most structured and intensely supervised and may involve residential treatment. Phase II is moderately intense supervision and treatment usually transitions to outpatient status. Phase III involves less intense supervision and outpatient treatment. Phase IV focuses on continuing care with provision of follow-up and aftercare services.

Offenders are held accountable for their failure to comply with the terms of their Drug Court Program. Clear case monitoring and mandatory random drug and alcohol testing occur throughout the duration of the program. The Drug Court is quick to respond to relapse, other violations, or the failure to make satisfactory progress. Participants are required to return to Court immediately when such events occur, so that the Drug Court Team can make new or additional recommendations that include a range of graduated sanctions. The swift and certain response prevents complete relapse into substances that are more severe. These are corrective measures used to convey that there will be no tolerance for such conduct.

Upon completion of the requirements of the Drug Court Program by an offender, the Court has the following options: dismissal of charges, suspension of jail terms or other sentences, acceptance of a plea bargain to a lesser offense, reduction of fines, or sentences to be served.

Special Features

In many instances, people beginning their recovery from substance abuse or addictions cannot easily recognize daily achievements or successes in their treatment. Therefore, acknowledgment of progress is a key element to keeping clients committed to their treatment and recovery process. Honoring dinners and public recognition celebrations occur to acknowledge participant milestones after each phase they complete. Clients are recruited to mentor new Drug Court participants to keep them engaged in therapeutic activity.

Throughout the program, the Drug Court Team or other service providers give clients support to achieve their individualized treatment and rehabilitation goals. Regularly scheduled judicial reviews are used to link the treatment aspect with the criminal justice aspect. The treatment aspect focuses on the personal needs of the offender. The criminal justice aspect helps to keep the offender accountable to the tribal community for the crimes committed. Judicial supervision through periodic court reviews creates an opportunity for the judge to stay involved and informed about the ongoing progress of participants and to provide motivation and encouragement to participants to successfully complete the program.

A graduation ceremony is held for those individuals who successfully complete the program. The ceremony symbolizes the final transition for the clients to embrace completely their own commitment to recovery or control over drugs and/or alcohol in their lives. Graduates of the Drug Court Program are given a certificate of completion, a plaque and a shirt.

"The Drug Court is a community program that keeps clients in the community. It minimizes the need to use harsh remedies on people who really are in pain, but who need some structured long term help. The program makes good use of community resources through collaboration by the Drug Court Team."

Keys to Success

- A Drug Court Program cannot exist without strong judicial leadership and involvement. Therefore, it is essential to begin efforts with the Tribal Courts.
- Use the cultural knowledge, methods, and resources in your community to make the program culturally relevant and appropriate.
- Develop a strong collaboration philosophy to assist in developing a Drug Court Team and cultivating intergovernmental or interagency relationships. Include development of clear roles and responsibilities of team members and partners.
- Establish clear processes for referrals and service delivery that others outside the Tribal Drug Court program can understand and follow easily.
- Establish incentives for client progress and recognition of milestones.
- Identify or develop graduated sanctioning and treatment options that the Drug Court Program can use during the program development stages and maintain an ongoing development process.
- Provide continuous public education and awareness of the risk factors associated with alcohol and drug abuse. Advertise how the Drug Court Program addresses these issues and restores important protective factors in the community.
- Request the program manual developed by the Poarch Creek Drug Court program to help establish your own program or visit and observe the Poarch Creek Drug Court.

Contact: Donna M. White, Tribal Court Director
Poarch Creek Band of Creek Indians
5811 Jacksprings Road
Atmore, AL 36502
Phone: (334) 368-9136, Ext. 2653
Fax: (334) 446-8086

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CHEYENNE RIVER SIOUX ALCOHOL LEGISLATION AND TAXATION INITIATIVE

Founded: Enabling legislation for increased enforcement, 1988; legislation amended, 1991
Service Area: 2.8 million acres in rural, west central South Dakota
Population: Tribal enrollment is 13,300

In the 1980's, the Cheyenne River Sioux Nation suffered deeply from many tragedies traced directly to alcohol and substance abuse, including homicide, suicide, motor vehicle fatalities, deaths caused by exposure, increased violence, and infants born with Fetal Alcohol Syndrome and fetal alcohol effect. Before 1992, the Indian Health Service (IHS) reported 90 to 95% of serious trauma cases were alcohol-related. In 1995 and 1996, Tribal Law Enforcement data indicated that 68.25% of all youth arrests and 79.21% of all adult arrests were related to drug or alcohol abuse.

The recognition that much of the suffering was linked directly to alcohol abuse motivated several grassroots people to examine all the factors contributing to this problem and to create solutions. Their focused effort to understand the problems revealed that a major contributing factor was undesirable sales practices by liquor establishments within the Tribe's boundaries. Specifically, they identified sales at drive up windows, sales to minors, intoxicated persons and pregnant women, as well as the days and hours of sales as particularly problematic.

Program Description

The early steps towards change were grassroots efforts in 1988 by about 150 students and adults who petitioned the Tribal Council to enforce stricter liquor laws. With urging from the community, the Tribal Government turned to the law, and sought to enforce more aggressively its existing liquor laws within the Reservation to safeguard its members and other citizens.

First, the Tribe requested all reservation liquor establishments to voluntarily comply with the tribal liquor laws regulating introduction, sale, use and distribution of alcoholic beverages. Some of them refused, alleging that the Tribe lacked authority to regulate their businesses because they were non-Indian operators on fee patented lands in towns within the reservation. In response, the Tribe filed lawsuits in the Tribal Court and obtained closure orders for the liquor establishments in non-compliance.

The liquor establishments fought against tribal regulation of liquor sales in tribal and federal courts for over six years. But the Tribe took its battle for control over the alcohol industry all the way to the U.S. Supreme Court and ultimately won recognition of its authority to regulate and control alcoholic beverages on the reservation. In addition, the lack of control over liquor establishments led the Tribe to enact new enabling legislation to exercise its right to regulate and control alcoholic beverages for trade, sale, manufacture, possession or transport on the reservation. The Tribe was especially concerned with targeting those making profits from liquor sales, because

they were viewed as contributing to the problems without assuming any responsibility for creating or supporting solutions.

Implementation Steps

To fight the problem of alcohol on its reservation, the Tribe took the following steps:

The Tribe listened to the concerns of grassroots people concerned about the negative impact of alcohol on the quality of life on the Cheyenne River Sioux reservation.

By collecting and analyzing its own data, the Tribe acquired a thorough understanding of the impact of alcohol abuse on the community in terms of health, public safety, crime and delinquency.

- Conscientious efforts were taken to collect data from a variety of sources, such as the police, courts, corrections and behavioral health agencies;
- Data analysis was conducted to understand all the ways in which alcohol affects the lives of people in the community; and
- The information was used for public awareness campaigns so community members could gain the same understanding about the impact of alcohol as the tribal government and to develop greater community support and involvement.

The Tribe conducted a complete review of what was in its power and authority to use in combating alcohol and substance abuse.

- Legislative reviews were led by the tribal attorneys who examined tribal and federal laws to identify the strengths and weaknesses of these laws; and
- The tribal legal department paved the way for the Tribe to strengthen its regulatory control over alcohol sales, trade, possession and manufacture.

The Tribe publicly declared a war on alcohol and drug abuse through legislation for:

- Enactment of tougher alcohol regulations and sanctions;
- Aggressive alcohol taxation and collection; and
- Use of alcohol taxes to support alcohol prevention and intervention programs.

The Tribe prepared itself to use the necessary legal remedies to confront the resistance from local liquor establishments that were backed by a strong liquor industry in the region. This commitment required:

- Understanding and using the Tribe's legal authority to regulate the liquor industry;
- Aggressive enforcement of tribal alcohol regulations;
- Litigation in tribal courts for non-compliance by liquor establishments; and
- Preparation for litigation in Federal courts for civil cases appealed by liquor establishments.

A taxation plan was developed to determine how alcohol taxes would be used to help the Tribe to:

- Support alcohol litigation;
- Finance enforcement efforts; and
- Provide for prevention and intervention programs.

Administration and Support

The most effective administrative support came from the unified approach to the problem from the Tribal Chairman (Executive), Tribal Council (Legislative), Tribal Judges (Judiciary), and the community. The Tribe's public acknowledgment of the alcohol problem and aggressive approach to solving it provided the leadership necessary to attack the root causes and contributing factors for alcohol and substance abuse problems.

Outcomes and Results

Litigation in tribal and federal Courts clarified and confirmed the authority of the Cheyenne River Sioux Tribe to regulate alcohol within the exterior boundaries of its reservation by Indians and non-Indians living on the reservation. Aggressive efforts resulted in stronger laws regulating alcohol and enforcement, such as:

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- Review and approval of the Tribe's alcohol ordinance by the Assistant Secretary for the Bureau of Indian Affairs;
- Publication of the Tribe's alcohol ordinance in the Federal Register, which provided public notice locally and nationally about the Tribe's concerns and its determination to control and exercise its roles and responsibilities in addressing alcohol abuse;
- Closure of drive-up windows;
- Regulation of hours of sales; and
- Increased enforcement of penalties for sales to minors.

Tax revenues were earmarked for startup funds for prevention programs aimed at community education and awareness and to support programs targeting underage drinking prevention and intervention programs for adults and juveniles.

Keys to Success

- Develop public policies through creation and enactment of enabling legislation to control alcohol sales, possession, transport and manufacture of alcohol on tribal lands.
- Implement aggressive and consistent enforcement practices. Tribes must be aggressive in enforcing their alcohol laws on all people living on or entering tribal lands.
- Educate the community about alcohol laws, consequences of unlawful behavior, and the health and safety hazards caused by alcohol abuse.
- Engage communities and citizens of all ages in the problem-solving process to create community ownership and investment in improving the quality of life in their communities.
- Create taxation policies and strategies. Taxation on alcohol is an important tool that can be used by tribes not only to regulate sales, consumption and transport, but as a way to earmark revenues that can be used for alcohol prevention and intervention programs.

Contact: Thomas Van Norman, Tribal Attorney
Cheyenne River Sioux Tribe
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Eagle Butte, SD 57625
Phone: (605) 964-6686/6687
Fax: (605) 964-1166

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TURTLE MOUNTAIN SAFE COMMUNITIES PROGRAM

Founded: Highway Safety Program, 1997
Service Area: 72,000 acre reservation in north central North Dakota
Population: Service population is approximately 16,600
Tribal enrollment is 30,000
Budget: $92,453 annually
Sources: North Dakota Department of Transportation, BIA Indian Highway Safety Program, and Community Service Block Grant program

As in many Indian nations, alcohol abuse is the highest risk factor for motor vehicle crashes in the Turtle Mountain Band of Chippewa Indian Nation. According to the Indian Health Service (IHS), motor vehicle crashes caused 83% of fatal injuries and 38.9% of hospitalizations on the Turtle Mountain reservation in 1994. In 1997, Rolette County had 177 motor vehicle crashes and six fatalities, five of which were alcohol-related. Thirty crashes were due to driving under the influence (DUI). Motor vehicle injuries among adolescents steadily increased from 21 in 1994 to 64 in 1998. Criminal statistics for 1998 indicate the Turtle Mountain Tribal Court processed 226 cases that year.

Program Description

The grassroots efforts of victims, concerned citizens, and family, friends and relatives of a teenage boy lost to a motor vehicle crash helped to create the Safe Communities Program to address the individual and community risk factors associated with alcohol and substance abuse. The Safe Communities Program goal is to increase protective factors through strategies to alter individual and shared community and social environments by:

- Creating healthy beliefs, attitudes and lifestyles,
- Increasing skills for alcohol or substance abuse resistance and abstinence,
- Cultivating community mobilization through awareness and education activities, and
- Increasing community ownership and responsibility for societal, cultural and legal changes.

The three components of the Turtle Mountain Safe Communities Program are Mothers Against Drunk Driving (MADD), the Safe Communities Coalition, and Highway Safety. The target populations vary for each component, but together they affect every age group in the community.

By 2003, the Safe Communities Program seeks to:

- Reduce DWI by approximately 50%, especially among chronic offenders,

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- Reduce by 50% the number of persons injured by non-usage of safety restraints and seatbelts, and
- Reduce the number of motor vehicle injuries and fatalities by 40% through increased sobriety checkpoints.

Safe Communities: The Coalition is comprised of 25 tribal and private programs representing the main service factions in the community, which include courts, law enforcement, behavioral health, schools, social services, tribal government and private businesses. The Coalition serves as a coordinating body to network community agencies and to increase community ownership, involvement and investment in the program. It meets monthly to plan and discuss primary prevention and safety initiatives for the community. These include injury prevention for all age groups and substance abuse prevention among youth. Public awareness campaigns include public service announcements and newspaper articles to provide the public with statistical information about the impact that alcohol-related injuries and deaths have on the community. The media and newspapers are used to highlight prevention activities by different age groups before important high school events such as prom or homecoming.

Mothers Against Drunk Driving: The efforts of one Chippewa mother who lost her teenage son in a crash led to the establishment of a Chapter in Turtle Mountain, one of only two in Indian communities. The Chapter's grassroots connections are a unifying force that brings the community together with the Tribal, County and State government agencies and programs to work collaboratively on alcohol and substance abuse problems in Rolette County. The overall strategic plan is to address the short- and long-term effects of alcohol on tribal citizens and the community as a whole and to increase social reforms to control alcohol use, sales and access. It is the driving force behind public awareness campaigns, legislative reform, and education about the high financial and medical costs and loss of lives from alcohol-related crashes. The Chapter's efforts have resulted in legislative changes that enable the Tribal Court to report judgments suspending or revoking driving privileges of DUI offenders to the State. This success elevated the authority of the Tribal Court and sent a clear message about the Tribe's intolerance of DUI offenders.

Highway Safety: The Highway Safety component is a collaborative effort of the Safe Communities program and the BIA Turtle Mountain Law Enforcement Department. Together they provide primary prevention activities targeted at children and youth to address poor safety habits and to reduce underage

drinking problems, such as reckless driving and speeding violations. This component also seeks to increase and enhance community policing–changing the way police conduct their duties and forming an active partnership between the police and members of the community. Officers and staff provide age appropriate educational programs for elementary and middle school students with school bus, traffic, bike, helmet and seat belt safety programs. An important feature of the Highway Safety component is the recruitment of young people to be prevention messengers. For example, high school students have conducted prevention activities such as Ghost Outs, in which some students' faces are painted white and these students are prohibited from talking or interacting with the other students, who are living. These Ghost Outs bring home the reality of unintentional deaths to adolescents and the trauma it causes on families and friends.

Coordination and collaborative prevention efforts have created partnerships with schools to incorporate experiential prevention education, such as Fatal Vision, during high school driver's education. This activity uses goggles that simulate the effect of drinking various amounts of alcohol. Lenses in the goggles have special prisms cut into them, which send false messages to the brain, causing the wearer to over-react to stimuli just as he or she would after drinking. Students perform various dexterity and coordination exercises. The goggles illustrate how alcohol impairs normal activities like walking straight or picking up a

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pen. All the activities strive to improve decision making by youth to make the right decision when it comes to underage drinking and driving.

Cultural Relevance

The holistic philosophy that life is sacred guides the activities of each component of the Turtle Mountain Safe Communities Program. The activities integrate the values and morals passed down through the generations by Chippewa elders that define the relationship of Chippewa people to their environment, society and the universe. Participation by children, youth, women, men, and elders are essential to strengthening the community response to alcohol abuse. Fundamental to this philosophy is the view that everyone shares the responsibility to create positive change for achieving community wellness and ensuring community safety and protection. Accordingly, each component seeks to honor life through injury prevention and to save lives by addressing the identified risk factors. The communal duty to honor and respect life provides the legitimacy needed to raise difficult questions about community norms that tolerate alcohol and substance abuse or dependency problems.

"Addressing alcohol problems is a community effort. I started by finding out what the tribal resources were and invited them all to join the Safe Communities Coalition. To my surprise, they all joined. Now we have 25 programs represented. This shows the commitment to combat alcohol on our reservation."

Administration and Support

The Safe Communities Program enjoys political support from the elected tribal leaders, as well as widespread local, community, county, state and national support. The recurring budget is $92,453. The program receives funding from the North Dakota Department of Transportation (DOT), the BIA Indian Highway Safety Program and the Community Service Block Grant program. The DOT and BIA provide programmatic support and technical assistance to build sustainable funding. The national and state chapters provide ongoing technical assistance in program design and development.

Results and Outcomes

The program has not undergone a formal evaluation, but has had several accomplishments, such as:

- Creation of a diversified community coalition working together to address tribal problems,
- Implementation of important primary and secondary prevention programs in the community that reach the entire population to reduce collective risk, and
- Adoption of legislative changes that enable the Tribal Court to report judgments suspending or revoking driving privileges of offenders to the State so that the offender cannot have it replaced.

Formal evaluations are planned in FY 2001. Some of the evaluations will compare baseline information collected in FY 2000 with changes in 2001 for alcohol-related arrests, motor vehicle injuries and hospitalizations, as well as incidents to show the effectiveness of educational efforts in reducing alcohol and substance abuse. Other evaluations will measure changes in safety restraints and seat belt usage.

Keys to Success

- Collect data. The Safe Communities Program included having some members learn how to conduct statistical research and analysis and then use this information to convey community issues in culturally relevant ways. Local injury data collected and analyzed from your state highway department can show the scope and prevalence of alcohol and substance abuse problems.
- Understand the problem. Information collected increases understanding of the alcohol and substance abuse problems, the root causes, and the contributing risk factors.
- Make effective use of tribal sovereignty. Indian tribes have the authority, power and responsibility to create and enforce laws and

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regulations regarding alcohol. Begin legislative reform strategies to change or revise public policy and to address policy gaps.

- Access resources from local and national sources. The Coalition used the information it had gathered to obtain technical assistance from national organizations and to write grants for funding to support the programs selected by the Coalition.
- Replicate best practices by using cultural resources. National models and principles were adapted to make them culturally relevant, appropriate and acceptable to the Turtle Mountain community.
- Increase competency. Program and staff competency can be enhanced through partnerships with different agencies, increased training, and technical assistance resources for staff development.
- Form a community coalition. Develop partnerships and coalitions to ensure community involvement and acceptance. Collaborative efforts are essential to address the multiple levels of prevention and intervention needed to address alcohol-related problems in communities.
- Cultivate tribal leadership support. Educational strategies should be used to cultivate political support from elected tribal leaders, and other state and county officials. Provide them with essential information about the problems and things they can do as policy makers to effect or support change.

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SOUTHERN UTE PEACEFUL SPIRIT YOUTH SERVICES PROGRAM

Founded: Youth Counseling, 1987; Highway Safety, 1993; Underage Drinking Prevention, 1999
Service Area: 308,600 acre reservation in rural, southwestern Colorado
Population: Service population includes the tribe and youth in the neighboring town. Tribal enrollment is 1,360, approximately 66% of whom reside on the reservation
Budget: $139,000 annually (combined)
Source: Indian Health Service, State of Colorado, Southern Ute Tribe, U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, and in-kind contributions.

In 1997, a tragic alcohol-related crash, which took the lives of four teenagers of the Southern Ute Indian Tribe, inspired a review of the impact of alcohol use and abuse on the community. This review painted a disturbing portrait of alcohol use by tribal youth and the level of motor vehicle injury and mortality fueled by this use. Specifically, Southern Ute Police data indicated a rise in underage drinking violations, especially with repeat juvenile offenders. These alcohol problems were fueled by numerous risk factors, including access to alcohol, norms that tolerate alcohol use by young people, and poor enforcement of laws that support alcohol sales, consumption, and availability.

Program Description

Created in 1966 by Tribal Resolution, the Southern Ute Community Action Programs administer human services programs serving the entire multi-ethnic community and coordinate youth prevention programs through Peaceful Spirit Youth Services. The Program ensures coordinated service delivery and referral systems by fostering an environment of cooperation and collaboration among tribal programs, federal agencies, and other agencies in the Town of Ignacio.

Program responses were enhanced by providing three prevention and intervention components managed by the Peaceful Spirit Youth Services Division. The components are Highway Safety, Underage Drinking Prevention and Youth Counseling. The primary goal uniting the three components is to reduce substance abuse by providing primary and secondary prevention, intervention and treatment services to adolescents and their families. Another goal is to restore and strengthen protective factors by stimulating healthy community growth that reduces adolescent substance abuse. Peaceful Spirit also recognized that prevention should be community wide, involve the Tribe's neighbors, have visible public support and strong participation from law enforcement as well as reflect culturally relevant services. Peaceful Spirit holds the view that substance abuse and underage alcohol use affects individuals, families, schools and communities. To achieve and maintain wellness and safety, a holistic community philosophy and approach is used. This is based on the principle that each person is part of a whole, and an individual action affects the balance of everyone and

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everything within that whole. Peaceful Spirit uses a systems approach to work with youth, not just as individuals, but as part of a family and community.

> *"Our philosophy is that substance abuse and underage use are not problems that affect only individuals; abuse and its consequences affect the family, the schools, the community and society. In preventing and treating substance abuse, we must work with the entire community, as well as individuals. In the same way, wellness and safety must also be treated as community issues."*

These three components provide services that flow from prevention to intervention services, teaching and reinforcing healthy skills and practices, and changing community norms about substance use and safety habits. The target populations are Southern Ute and Ignacio area youth from age 12 through age 18. However, different components involve all age groups, from infants to elders. No fees or income guidelines prohibit service access.

Highway Safety: The goal of this component is to create a safe tribal community by addressing motor vehicle crashes, injuries and associated financial and human costs through education activities and highway checkpoints. The objective is to increase the level of safety on tribal, county and state roads and highways through expanded tribal and non-tribal partnerships.

Education strategies were developed to provide information on dangers of substance use and impaired driving, including proper seat belt use, child and infant car restraints, and bicycle and pedestrian safety. Youth involvement was also utilized to build and nurture youth leadership, enhance refusal skills and resistance to alcohol and drug use, and plant the seed for safe and courteous driving habits. A Drug Free Team (high school students) was created to develop and perform skits that present safety and refusal lessons to students. Experiential education activities include DWEyes, which uses specialized goggles to simulate the effect of progressive alcohol consumption on driving ability.

Law enforcement collaboration was also used to implement strategies involving highway safety. This included the implementation of a toddler and infant car seat program, as well as sobriety and seat belt and child restraint checkpoints. These are conducted regularly to increase public awareness and to send a message that alcohol and safety laws will be enforced.

This education campaign also involved the media. Newspaper articles and public service radio announcements are used to educate about highway safety, vendor serving tips and local prevention activities. Signs with hard facts about automobile related injury and fatality statistics were set up along Southern Ute roads as a way of increasing community knowledge about the impact of alcohol on public safety.

Underage Drinking Prevention: This component has three primary goals that target personal and community risk factors favorable to underage alcohol use and availability.

The first goal is to enforce the tribal, town and county laws regarding underage drinking and possession of alcoholic beverages. The objective is to increase the enforcement capacity of both the Southern Ute and Ignacio Police by equipping them with the tools they need to collect evidence, such as breathalyzer units. Along with officer training, this will help to detect young drivers who have been drinking. Southern Ute's Tribal Code was updated a few years ago to address underage consumption and alcohol possession.

The second goal is to restrict access to alcohol by persons under 21 years of age and is targeted at three audiences: law enforcement officers, adults/parents, and young people. Law enforcement officers work with retail outlets to cease sales to minors and encourage cooperation of retailers in managing alcohol likely to end up in the hands of minors. Retailers are trained on the legal aspects and penalties of alcohol sales and distribution to minors. Another objective is to educate adults and family members who supply alcohol to minors and to educate and increase awareness of young people about alcohol sales and consumption laws and legal consequences.

The third goal is to decrease community tolerance of underage drinking. This is a hands-on prevention activity, which targets young people, the

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community, and the Southern Ute public housing division. It includes creating highway signs and murals to raise awareness of underage drinking. Participants respond through artistic expression and work as a group to create billboards that make powerful public statements about the negative effects of drinking and substance abuse, many times reflecting the participants' cultures.

> *"Communities must own the problems alcohol and drug addictions create; that is why they must drive what the messages should be and how they are conveyed. I simply help them express their messages through art to convey what they think and feel about the hurt that alcohol and drug abuse causes."*
>
> — Sam English, Sr.

Youth Counseling: The goal of this component is to provide alcohol and drug education and treatment to substance using or abusing youth and their families, targeting youths ages 12 to 18. Client referrals come from local schools, tribal and county courts, the clinic, social services, group homes, family members, concerned community members and self-referrals. Although Indian youth receive priority, all youth regardless of ethnicity may be served. Clients must be affected by, or at risk of substance abuse to receive services.

Intake generally involves a meeting between counselor, client, and parents or guardian to explain the treatment program and answer questions. Assessment consists of a personal interview with the client to establish a psychosocial history. The client completes self-report instruments helping staff to understand the nature of the client's involvement with alcohol and drugs. Information from the interview, self reports, referral sources and other available sources are combined to determine the client's need for treatment and, if admitted, provide the foundation for a treatment plan.

Treatment plans may include psychotherapy, substance abuse counseling and education, recreational and group therapy and links to other services such as educational planning and employment services. Treatment generally lasts 90 to 120 days, but is based on client progress and needs. Clients undergo an exit interview to review their progress and an individualized aftercare plan is developed to support clients in transition from intensive to moderate treatment levels to continuing aftercare. Aftercare includes participation in support and/or relapse prevention groups. Formal follow-up occurs at two months, six months, one year and two years.

An integral part of youth counseling is the use of indigenous beliefs, values and approaches to help youth value and view their culture as a source of knowledge and guidance to deal with their challenges. For example, Talking Circles are utilized. Here youth are advised to listen with their heart, and not judge others; to speak sincerely and from the heart; to respect others by listening and speaking only in turn; and to honor confidentiality.

Administration and Staffing

At this time, Peaceful Spirit does not have formal intergovernmental or interagency agreements, but works with tribal and non-tribal agencies and organizations to access necessary additional services. Peaceful Spirit works in collaboration with the Ignacio Prevention Coalition, whose mission is to improve the quality of life through the coordination of wellness activities for all ages.

Representatives of the Coalition include the education system, social and behavioral health system, justice and law enforcement systems, youth and adult citizens as well as Peaceful Spirit and other prevention programs.

There are four staff members who share responsibilities for management, operations, and service delivery. Two master level counselors conduct assessments, intake, and individual and group counseling under the Youth Counseling component. One paraprofessional staff spearheads the Underage Drinking Prevention and another the Highway Safety component. The youth counselors receive State of Colorado Alcohol and Drug Abuse Counselor training or certification. All four staff members attend relevant training in their area of expertise. Additionally, Southern Ute Community Actions Programs, Inc. provides administrative, personnel, fundraising and financial management. Peaceful Spirit's Alcohol Recovery

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Center provides clinical supervision and assistance with case management.

Results and Outcomes

The three components of Peaceful Spirit have created a service delivery and referral system that eliminates duplication, avoids service gaps, limits client manipulation, prevents clients from falling through the cracks and ensures appropriate and prompt services.

Through the Highway Safety car seat program, more children are being protected and highway checkpoints have increased. The program inspects seats for proper installation, distributes new car seats and replaces obsolete or damaged car seats with the safest and most current models available.

The Underage Drinking Prevention component has raised community awareness through completion of seven mural and billboard projects, all of which are displayed at high traffic locations throughout Southern Ute. Children, teachers and administrators

have recognized and used the Drug Free Team to emphasize prevention messages. By being proactive the program is slowly breaking down barriers and building trust.

The Youth Counseling offers concrete services based on established screening, evaluation and treatment techniques. The following client breakdown applies to the Youth Counseling component, which has only been in operation since September 1999. Fifty-five clients, 55% male and 45% female are in the program. Of these, 43% were court-ordered referrals (27% males, 14% females). Six percent (all females) were self-referrals. Seventeen percent were parent referrals (13% males, 4% females) and 34% of referrals came from other community sources. These numbers do not reflect the hundreds of youth and adults reached through the non-treatment activities of all three components.

Special Features

Peaceful Spirit is unique in that treatment and prevention are under one program and approaches have been integrated into the Probation Department, IHS, Community Health representatives, Prevention Coalition, Youth Prevention Coalition, Southern Ute Child and Family Center, Tri-Health Fitness, Social Services, and others. Also, Peaceful Spirit has made effective use of the media to amplify deterrence by publicizing enforcement efforts to curtail potential impaired drivers or others from engaging in unlawful behavior involving alcohol. Combined with public service announcements and general press attention, publicizing community prevention efforts has raised community awareness and is decreasing tolerance of alcohol abuse problems.

Keys to Success

- Develop a community profile using motor vehicle injury data to identify risk factors and to inform the process of selecting strategies to address alcohol and substance abuse risk factors.
- Conduct community wide program review and resources analysis to understand how services are currently used, how they can be enhanced and what other programmatic resources are needed.
- Conduct policy reviews to understand how current public policies support or hinder tribal government and community efforts to address underage drinking problems.
- Research ways to make national models or non-Indian treatment approaches more relevant and compatible with the clients served by programs or targeted by prevention activities.
- Create collaborative intergovernmental and interagency partnerships to share the responsibility for building healthy Indian communities, share resources and increase community

ownership of problems affecting young people.

- Consolidate prevention, intervention and aftercare efforts to create seamless continuum of care services for clients and the community.
- Coordinate highway safety and alcohol prevention efforts to create and reinforce protective factors.
- Use media effectively to publicize law enforcement efforts, consequences of unlawful behavior and to advertise community prevention efforts aimed at changing communities norms that tolerate alcohol and substance abuse by young people.

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BOYS & GIRLS CLUB
OF THE NORTHERN
CHEYENNE NATION

BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATION SMART MOVES PROGRAMS

Founded:	Boys and Girls Club, 1993; SMART MOVES, 1996
Service Area:	400,000 acres in rural, southeast Montana
Population:	Tribal enrollment is 7,400, approximately 64% of whom live on the reservation
Budget:	$750,000 annually
Source:	Federal, state, local and tribal sources and private foundations

In 1995, the Northern Cheyenne schools conducted a risk survey of 193 Indian students, 90% of whom were Northern Cheyenne youth in grades five through twelve. The survey identified risk factors related to alcohol and substance abuse, social norms favorable to alcohol and drug use by youth, and easy access to alcohol, tobacco and other drugs (ATOD). According to the survey, youth said it was easy to get cigarettes (62%), alcohol (42%), marijuana (43%), and inhalants (48%). Most of the youth also indicated that their friends smoked cigarettes (88%), used alcohol (73%), and smoked marijuana (72%). These findings in combination with those of another survey, conducted by the Montana Department of Public Health and Human Services, helped the community identify the extent of the problems and key risk factors for substance abuse among Northern Cheyenne youth.

Program Description

In 1993, the Northern Cheyenne Nation established one of the first Boys & Girls Clubs located on Indian lands that was managed and operated by Indian people. The Club has over ten programs and content areas directed at addressing the multiple issues of alcohol, tobacco, and other drug use. When the survey of Indian students in the Northern Cheyenne community revealed youth were at risk for substance abuse, the Club implemented a series of SMART MOVES (Skills Mastery and Resistance Training) prevention programs. As a member of the national Boys & Girls Club of America, the Northern Cheyenne Club has access to the resources such as SMART MOVES, which the national Club developed and makes available to their affiliates throughout the country.

The SMART MOVES programs are primary and secondary prevention programs with the overall goals of decreasing risk factors in the community that are favorable to alcohol or substance abuse by youth. Although there are different program different goals and objectives for different target groups, the ultimate goal of all the SMART MOVES programs is to promote responsible adolescent behavior and abstinence from substance use and sexual involvement through the practice of responsible behavior. In order to ensure that the SMART MOVES programs are relevant to the community, the Northern Cheyenne identified the risk factors present in its community and focused the program curricula accordingly.

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"Our Club philosophy is dedicated to promoting healthy lifestyles, as well as social, educational, vocational, and cultural character and leadership development. It strives to help young people improve their lives by building self-esteem and the development of values and skills during critical periods of growth."

The SMART MOVES prevention programs are sequential courses. Club youth are required to participate in 75% of the sessions to maintain their Club membership. The objective is to decrease the risk factors for substance abuse by increasing protective factors in the following areas:

- Bonding through attachments and commitments with family, friends, school and community to achieve the positive values held by each group.
- Development of healthy beliefs and clear positive standards for behavior by youth and adults, especially parents and tribal leaders.
- Development and strengthening of social skills to resist use.
- Promoting belief in moral order as defined by Northern Cheyenne tradition and contemporary standards.
- Developing assertiveness and social skills.
- Increasing peer resistance and refusal skills.
- Strengthening problem solving and decision-making skills.
- Increasing conservative group norms regarding substance use.
- Increasing knowledge of the health consequences and prevalence of use.
- Analyzing media and peer influence of use by youth and adults.

The SMART components are all curriculum-based programs that use educational lectures, role-play, group activities, and discussion to promote the knowledge, skills and abilities of targeted participants in each program. The common link among the programs is their focus on increasing the ability of the participants to deal effectively with use and other problems they may encounter. To ensure that the curriculum supports culturally relevant community protective factors, the Club uses traditional teachings and language, presentations by elders, tipi camps, sweats and other Northern Cheyenne ceremonies to reverse or counteract the use or abuse of alcohol or drugs.

The programs use a team approach involving Club staff, peer leaders, parents, and community representatives aimed at improving the quality of life for children and youth. When structured prevention program sessions are not taking place, Club youth participate in activities designed to stress non-drug use norms in order to keep the youth and their families, especially parents, involved in the prevention programs. Ninety-nine percent of Club participants are Northern Cheyenne youth and parents. The majority of participants are referrals; however, membership in the Club is voluntary. The referral system is comprised of links with four school districts, tribal courts, social services, health providers and individual referrals from educators, counselors, family, friends, peers and community members.

Administration and Support

The Boys and Girls Club of Northern Cheyenne is an independent, non-profit organization located on tribal lands. It has a 12 member governing board comprised of representatives from the tribal government, local government agencies, non-governmental agencies, and the community. The Club employs seven administrative staff and seven line staff. Trained and certified substance abuse prevention staff conduct the SMART MOVES programs to ensure quality assurance and cultural relevance.

The Club receives mentoring support from the national Boys and Girls Clubs of America, including access to financial, programmatic, technical assistance and training resources. The national office provides board policy guidelines, membership guidelines and assistance with staff development. Grants and contracts from federal, state and private sources support the annual operating budget of $750,000.

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Funding sources include the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention and the Bureau of Justice Assistance, and the U.S. Department of Housing and Urban Development.

Results And Outcomes

In 1999, the Club provided services to 2000 clients. At least 521 were court-ordered clients that participated in various programs.

The SMART MOVES programs provide the community with culturally relevant educational curricula that focus on the development of knowledge, skills, and abilities for youth to cope with stress and increase resistance to using drugs or engaging in sexual activity.

Multi-level evaluations being conducted in each of the SMART MOVES program components will be available in 2001. However, initial findings indicate the program has significant positive impact on youth and their families including a decrease in alcohol, tobacco, and marijuana use, increase in peer pressure resistance skills, better school performance and fewer delinquency referrals.

Keys to Success

- The SMART MOVES programs can be implemented in community-based youth organizations, recreation centers, and schools in collaboration with local Boys & Girls Club.
- Successful replication of the SMART MOVES programs involves:
  - Structured experiential and discussion sessions for youth,
  - Supervised and structured youth activities and outings,
  - Participation of parents and other community members, and
  - Age appropriate education for different target groups.

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NA'NIZHOOZHI CENTER INCORPORATED

Founded:	1981
Service Area:	McKinley County, including the City of Gallup, the Navajo Nation and the Pueblos of Zuni, Laguna and Acoma
Population:	Service population, 175,000
Budget:	$2,268,800 annually
Source:	Federal, state, local and tribal sources and private foundations

Gallup, a border town located between the "dry" reservations of the Pueblo of Zuni and the Navajo Nation, is nationally known for its struggles with alcohol-related problems, including driving while intoxicated (DWI). In 1988, a series of local and national news reports described Gallup as a "drunk town" due to an abundance of liquor outlets, few restrictions on the sale and use of alcohol, and alcohol morbidity and mortality rates far above the national average. The City responded by placing an increasing number of publicly intoxicated people in protective custody, i.e., in "drunk tanks." Rather than being a solution to the problem, the courts and the drunk tanks seemed to become revolving doors for people desperately in need of intervention.

Program Description

Efforts to address the problem began at the grassroots level, with support from the City of Gallup, tribal leaders, faith communities, and private citizens. The Gallup Alcohol Crisis Center Planning Committee was formed by these efforts and later became the Na'nizhoozhi Coalition and the Na'nizhoozhi Center, Inc. (NCI). The Coalition provides support and advocacy to address issues of legislation, taxation and enforcement, and has been successful in implementing planned social change. The goals of the Coalition are to reduce public intoxication; provide humane care for chronic alcoholics; and coordinate local, state, and national resources.

The Na'nizhoozhi Center (a Navajo term meaning "bridge") is a non-profit corporation whose goal is to reduce the harm caused by substance abuse by addressing causal factors and promoting healthy behavior. NCI clients are 95% American Indian, mostly from nearby reservations including the Navajo Nation, and the Zuni, Acoma, and Laguna Pueblos. NCI employs primarily American Indian staff and cultural resources from these tribes to work with clients recovering from addiction. NCI works with both the clients and their families to promote wellness, self-sufficiency and empowerment by incorporating tribal traditions and philosophies.

"We are attempting to develop a new paradigm, very different from the disease and education models. Problem drinking is a complex psychol/social/economic problem. We are attempting to provide problem drinkers with a culturally empowered and dignified alternative to drinking. We are also very firm about public intoxication. If you drink irresponsibly in Gallup, you will be picked up and brought to NCI."

One of the most important features is its view that clients and staff are relatives as defined by the Nahasdlii (clan system) philosophies. These intertribal philosophies provide the foundation for the cultural and ceremonial aspects utilized by the Center. The Nahasdlii philosophies provide the cultural teachings of the Dine Beauty Way as well as the teachings of other Indian

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clan systems and help clients to understand the world from a Native American perspective. From its inception, NCI has been supported by city and tribal leaders, non-profit and private business leaders, faith communities and private citizens. Today, these grassroots movements are joined together in the Coalition, which includes representatives from the Navajo Nation, Zuni Pueblo, and McKinley county government representatives. In addition to supporting the therapeutic work of the center, the Coalition provides leadership to effectively address alcohol-related legislation, taxation, and law enforcement. It has also worked to change the public norms that tolerate alcohol abuse. By coordinating strategies to increase sanctions for alcohol abuse, educate citizens about the dangers of alcohol abuse, and develop prevention and intervention options, this Coalition has fostered vital social changes.

"It is important to realize that select Native American therapeutic practices are as complex, as insightful, as intellectual, and as effective when properly applied as the best western approaches."

Case Processing

The Center is a minimum security, no-fee facility with 150 beds. Services include assessments, detoxification care, intensive therapy, DWI treatment, outpatient aftercare services and a home-visiting program. NCI also features a residential treatment program for DWI offenders. Eighty percent of NCI clients are court-ordered, protective custody placements by tribal, city or county law enforcement. Family members may also admit individuals involuntarily. Participation is based on available space, the client's agreement to remain beyond detoxification, and to fully participate in treatment.

The NCI follows a continuum of care model that incorporates five components: 1) intake and assessment; 2) medical intervention; 3) residential treatment; 4) halfway house programs; and 5) outpatient and recovery support. After the assessment process, clients are provided with medical care at local hospitals, for detoxification and as needed during treatment. Residential treatment is an intensive 23 day inpatient and outpatient program that cultivates self-sufficiency and teaches skills to maintain sobriety. The treatment is divided into four phases. Phase I focuses on stabilization and intensive treatment. Phase II stresses on-going recovery and lifestyle balance. Phase III emphasizes life skills and building meaning into clients' lives. Phase IV focuses on sobriety maintenance. The Center offers culturally appropriate models of therapy and a variety of treatment options that incorporate cultural and spiritual ceremonies from nearby tribes, the Native American Church and other religions.

Once clients have completed residential treatment, they are required to participate in six months of aftercare that may involve counseling with family members. This helps clients to solidify the commitment to recovery they made while in treatment and the lifestyle changes they have made. NCI uses a network of resources both inside and outside the Gallup area to implement aftercare services. The home visitor program is a unique innovation to the aftercare component. This program identifies practitioners of traditional medicine in the client's home community, and arranges a series of visits after the client returns home. Clients are also encouraged to participate in traditional ceremonies since abstinence from alcohol and drugs is required for attending or participating in these ceremonies.

Administration and Support

A Board of Directors oversees NCI. The Board includes eleven appointed representatives from the Navajo Nation, Zuni Pueblo, Gallup and McKinley County. Members include local mental health and criminal justice practitioners. NCI has established formal working relationships with ten local agencies including law enforcement, the Veterans

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Administration, the Gallup Medical Center, and Western New Mexico Counseling Services. In-house, the Center employs 27 counselors.

NCI's 1991 budget of $2,268,800 was funded by the Indian Health Service Center for Substance Abuse Treatment, the New Mexico Behavioral Health Council, McKinley County, the City of Grants, and the Robert Woods foundation. The Center is also supported by tax income. McKinley County, in which Gallup is located, is the only New Mexico county authorized to impose its own excise tax on alcohol sales. This 5% wholesale tax generates nearly $750,000 per year, which is used to finance the Center's construction debt and to fund substance abuse prevention, intervention and treatment programs within the County.

Results and Outcomes

NCI has replaced the ineffective and demeaning drunk tanks in the Gallup jail and has instituted meaningful and effective treatment. Its work has contributed to the decline of alcohol-related incidents in the county. Alcohol-related injuries have decreased 59%, motor vehicle crashes are down 64%, alcohol induced mortality has decreased 42%, and DWI arrests have increased 4%. In 1999, served 18,000 adult clients (80% male, 20% female). 17,500 clients completed detoxification under the protective custody program, 450 graduated from the 23 day residential and outpatient programs, and 150 people graduated from DWI school.

The community coalition also successfully urged legislators to pass an alcohol reform package. These reforms included: 1) closing of all drive up liquor sales throughout the county; 2) imposing a 5% local liquor excise tax earmarked for use in prevention, treatment and education programs; 3) providing seed money for the facility; 4) banning Sunday alcohol sales in the county; 5) providing training to those who serve alcohol; 6) changing DWI laws including increasing penalties, instituting mandatory alcohol screening, and lowering the requisite blood alcohol standard.

Keys to Success

- Develop culturally relevant treatments and interventions. Such approaches are sensitive to the needs of Indian clients and help them to regain control over their lives and use the natural resources within their communities during the healing journey.
- Use culture as a resource. Using cultural resources vastly improves outcomes for Indian clients. This includes hiring Native American staff and using approaches that are indigenous to Indian culture.
- Create partnerships. It is vital to link treatment and intervention efforts with other entities such as courts and law enforcement. This enhances comprehensive and coordinated approaches that can foster permanent change. Cooperation between these entities is key to galvanizing the type of support needed for adults with chronic alcohol problems.
- Build aggressive coalitions. Intertribal and intergovernmental cooperation and coordination are crucial when attacking deeply entrenched alcohol-related problems. It is vital to coordinate resources and to work together to address overarching problems.
- Use the media. The media can be used to raise community awareness about the effects of alcohol abuse and to educate people about the consequences including law enforcement sanctions of alcohol use. The media can also publicize the positive results of prevention and intervention efforts.

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PUEBLO OF ZUNI RECOVERY CENTER

Founded: 1970
Service Area: Exterior boundaries of Zuni Pueblo, NM
Population: Service population is approximately 10,895
Tribal enrollment is 9,593
Budget: $487,800 annually
Source: Federal, state, local and tribal sources and private foundations

Over the last decade, the Pueblo of Zuni has struggled with a range of serious problems emanating from alcohol abuse and chemical dependency. Substance abuse was a factor in 90% of recent arrests and in 75% of the child abuse and neglect cases initiated in the last six months. The impact on juveniles has been particularly acute. Between 1992 and 1998, the Tribal Court recorded approximately 3,695 juvenile offenses, 46.7% of which were related to alcohol or drugs. The rural location of the Pueblo, coupled with soaring unemployment and poverty rates, have exacerbated these problems and made it difficult for the tribe to provide intervention and treatment.

Program Description

To address the problems of substance abuse as well as service delivery problems, Tribal government, religious leaders and local citizens conducted meetings to review the purpose of government and its relationship to the needs of the people, with a focus on economic and social issues. Among several important realizations were the need for streamlined, collaborative services and a focus on wellness. The Zuni Recovery Center plays an essential role in the community's efforts to improve services and promote wellness for the entire Pueblo.

The Zuni Recovery Center (ZRC): This center provides holistic services to the many different segments of the community that are affected by substance abuse. The Center has three primary programs: 1) a comprehensive day treatment program; 2) a DWI school; and 3) an underage drinking initiative. Although these programs focus on different populations, they share the same core mission of reducing the prevalence and incidence of chemical dependency by helping clients to address the issues underlying their dependency and to embrace healthier lifestyles.

The Comprehensive Day Treatment Program: This component of the ZRC provides differentiated services for adults, youth and children that include individual, group and family counseling and other wellness treatments such as nutrition and physical fitness training. Specialized treatment programs accommodate clients who are chemically dependent and who need dual treatment for both substance abuse and mental health problems, or who are adult children of alcoholics.

The DWI Program: This program treats DWI offenders through a combination of education, group therapy, mandatory community service, and therapeutic fitness training at Zuni's Wellness Center. The program's philosophy is that all of these

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program elements must be interwoven for the successful treatment of offenders. While therapy focuses on the offender's use of alcohol, mandatory fitness training demonstrates that the offender's overall wellness is important to the community and a vital part of his or her recovery. The community service component reminds offenders that their actions harm the entire community and gives them an opportunity to make amends.

Underage Drinking Initiative: This initiative seeks to prevent alcohol and drug use amongst children and adolescents. It targets approximately 950 youth, ages 12 to 18, through primary and secondary school prevention programs. Because of its overall concentration on healthy lifestyles, these youth interventions attempt to raise awareness about the health hazards presented by substance abuse, help children to resist peer pressure, and encourage children to make sound decisions about abstinence.

Special Features

Three special features of the programs underlie their success in treating alcohol and substance abuse. All the ZRC programs utilize Pueblo philosophies and cultural strengths. Zuni-specific knowledge and techniques regarding child and adolescent development, family systems, gender relationships, spiritual beliefs and communal principles guide counseling and therapy sessions. To promote the positive interactions between youth and elders that are fundamental to Zuni culture, program activities include storytelling, preparation of traditional foods, oven building, and traditional arts and crafts. The fact that many traditional Zuni dances and ceremonies require participants to be healthy and substance free is also an important factor prompting treatment and recovery. More generally, all ZRC programs share the philosophy that treatment plans must be congruent with the client's spiritual beliefs and ties to the community. Community wellness requires that all members of the community respect themselves and lead healthy lifestyles.

The ZRC has worked closely with the Tribal Court and Law Enforcement to make sure that their efforts to combat alcohol and substance abuse are mutually reinforcing. The Tribal Court routinely refers all first time offenders to ZRC's DWI school for automatic enrollment. This referral is a key part of the Court's sanctions, which may also include fines, incarceration, license suspension, probation or community service. The Court will not restore driving privileges until he or she successfully completes the program. In cases of repeat violations, ZRC and the Tribal Court work together to couple graduated sanctions with intensified treatment. Similarly, staff of the Underage Drinking Initiative are working with the Tribal Court and Law Enforcement to enhance enforcement of juvenile and criminal statutes related to underage drinking. They are also examining policies and procedures that tolerate the supply of alcohol to minors.

The ZRC programs include extensive collaboration with different parts of the community. ZRC regularly works with a number of tribal programs and service providers to establish interagency partnerships and networks and to fortify their continuum of care systems. Tribal partners work on various activities including community outreach, early identification of at-risk clients, design of treatment plans involving multiple services and aftercare plans. A coordinated service delivery and referral system tracks clients. These collaborations have minimized delay, eliminated the needless duplication of services and has improved service capacity.

The Zuni Recovery Center plays an essential role in the effort to improve client services by supporting wellness for the entire Pueblo community.

Administration and Support

From its inception, ZRC has been strongly supported by the community and by their elected tribal leaders. Its work is supported by interagency agreements with a variety of community organizations including the public schools, the Tribal Court and Law Enforcement, and the departments of probation, social services, family preservation and behavioral health, and the vocational rehabilitation center. Staff from the local Indian Health Services hospital also provides services to the program's clients. Additionally, ZRC has agreements with residential treatment centers located outside of the Pueblo.

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One of ZRC's most significant strategies is its participation in the overall approach to wellness established by the Pueblo. This strategy features extensive collaboration among tribal programs and service providers to provide the highest quality of services to Zuni children, youth and families. Collaboration objectives include establishment of intra-agency partnerships and networks that support a continuum of care system. Tribal partners work together on various activities that range from community outreach to early identification of at-risk clients. Partners work together on intervention and design of treatment plans that involve multiple services or in the development of aftercare plans and referrals for community support. A coordinated service delivery and referral system tracks clients to and from the program. Case management involves extensive communication and cooperation to share information and resource to serve mutual clients better. All this collaboration eliminates delay of services to clients, minimizes needless duplication, and improves service capacity.

For over a decade, ZRC has received financial support from federal, state, and tribal sources, as well as private foundations.

Results and Outcomes

In 1999, ZRC provided services to 405 adult clients (335 males and 70 females). Over half of these clients were referred to the DWI program. The Zuni Wellness Center estimates that a third of the court-ordered clients have continued fitness training and remain in contact with the Center. Another third utilize the Center's services more sporadically, but have continued their training. Preliminary data indicates a decrease in DWI offenses between 1998 and 1999.

In this same time period, ZRC provided services to 72 youth (38 males and 34 females). Most of these clients were court referred. ZRC reports that there has been a decrease in alcohol problems among Pueblo youth. Court data indicates that from 1992 to 1998, the number of juveniles involved in the system for possession, intoxication and DWI have notably decreased.

Keys to Success

- Build on your tribe's cultural strengths. Most tribes have abundant examples of healthy lifestyles that advocate spiritual, mental and physical well being. The use of cultural values, philosophies and practices can enhance the credibility of programs and the success of client treatment.
- Conduct focused planning to develop creative interventions. The work of multiple systems--behavioral health, law enforcement, and social services--can be mutually reinforcing.
- Strive to understand the problems that underlie alcohol and substance abuse. Programs must respond not only to the behavior exhibited by clients, but also to the problems that fuel addiction.
- Link graduated sanctions with intensified treatment. It is important to respect the need for balance between punitive and corrective rehabilitation measures. This is particularly important when addressing the needs of chronic alcohol abusers who are repeat offenders. Effective treatment may require stronger incentives and interventions.
- Create collaborations that have clear goals. Defining a mutual goal will help organizations to develop appropriate strategies that draw on their strengths and resources. Deliberate planning and open communication will decrease frustration and enhance the quality of services provided to clients.
- Be inclusive. The implementation of community wide initiatives requires the involvement of many partners. It may also involve reaching out to collaborators and funders outside of the tribe.

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SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

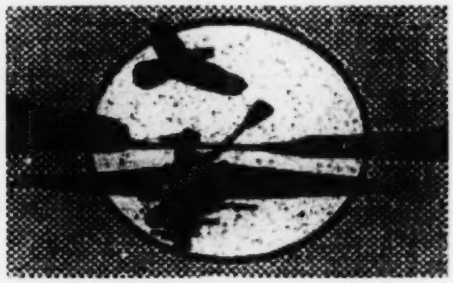
Founded:	Ravens Way, 1989; Bill Brady Healing Center; 1996; Deilee Hit, 1999
Service Area:	Primarily Southeast Alaska, except for Raven's Way, which is statewide
Population:	Service population is approximately 18,000
Budget:	Total: $2,120,000 Ravens Way: $930,000 BBHC: $830,000 Deilee Hit: $360,000
Sources:	Indian Health Service, State of Alaska Division of Alcohol and Drug Abuse, U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Medicaid and third party collections

Alaska Natives struggle with a wide range of problems related to alcohol and substance abuse. In its final report to the Alaska Legislature, the Alaska Commission on Rural Governance reported that 97% of crimes committed by Alaska Natives are committed under the influence of alcohol or drugs. The alcohol-related mortality rate for Alaska Natives is three and one half times greater than the rate among non-Natives. The rate of Fetal Acohol Syndrome for Alaska Natives is three times that of the rest of the population. The impact of alcohol and drug use has been particularly dramatic among Alaska Native youth. In 1998, of all court referrals of Native youth in the state, 55% were for the offense of possession and/or consumption of alcohol. The scope of alcohol-related risk factors and resultant problems, coupled with the use of culturally insensitive treatment approaches and inadequate staffing, limited the success of past interventions.

Program Description

The Southeast Alaska Regional Health Consortium (SEARHC) is the only tribally operated treatment center that provides culturally relevant services to Alaska Natives. Through creative programs that draw on cultural strengths SEARHC has made considerable progress in stemming and treating substance abuse. It focuses on three affected populations: adolescents, adults, and women who are either pregnant or have children. The SEARHC mission is to provide culturally relevant residential treatment for clients to significantly improve their lifestyles.

To begin providing an effective response to the needs of each of the three populations, SEARHC reviewed its existing substance abuse program and made extensive modifications. SEARHC now has three residential treatment programs with a common goal--for clients to significantly improve their lifestyles by gaining control over their lives, and making the choice to lead a life not controlled by alcohol and/or drugs. SEARHC has three alcohol treatment programs: focused youth intervention, adult intervention and a specialized women's program.



Ravens Way (Focused Youth Intervention): The Raven's Way Program is a six week residential program for adolescents between the ages of 13 and 18 who have problems with alcohol and/or drug abuse. The goal is to help youth troubled by dependency problems to find their own path towards spiritual healing, by blending conventional and adventure based therapy. One component is the wilderness exchange, a three-week program that helps youth to experience healthy lifestyles and to develop teamwork skills and self-confidence during a wilderness excursion. A second component involves family oriented living, where youth spend two weeks in a group home and 12 days at a remote camp developing skills that can be transferred to their lives after the program. The program also includes a ropes challenge course that teaches participants to challenge themselves and take appropriate risks.

Gunaanasti Bill Brady Healing Center (Adult Intervention): The Bill Brady Healing Center (BBHC) is a five week intensive residential program for adults with alcohol and/or drug problems. A holistic model that combines biological, psychological, social and internal spiritual elements is used for treatment, allowing the Center to address other major problems clients might have such as depression, low self-esteem, victimization issues and family problems. The BBHC utilizes a number of treatment components including group therapy, individualized treatment plans, family support, relapse prevention and aftercare planning. When appropriate, treatment includes participation by family members.

Deilee Hit or Safe Harbor House: Deilee Hit Safe Harbor House is an eight week intensive residential program for women with alcohol and/or drug abuse or dependency problems. It is specifically targeted at pregnant women or women with children who may not be able to enter into treatment because of child-care needs. The process is the same as the BBHC, with additional programming for developing strong parenting skills, addressing specific women's issues and support for completing or continuing their education.

Case Processing

Each program receives referrals from courts, villages and state agencies. The programs maintain a close communication link with court officials, such as probation officers, to keep them informed of client progress, compliance and information on client aftercare and follow-up plans. The success of the programs has resulted in court (and probation) referrals comprising over half of the caseloads for two of the programs. [Note: The BBHC accepts referrals from SEARHC Family Service village staff, community agencies and self-referrals as well as from state and tribal courts.]

All the programs have age requirements and give preference to Southeast Alaska Natives. To be eligible, the client's primary problem must be with alcohol and/or drugs. Clients must be motivated to complete treatment, and court-ordered clients must clearly

understand that treatment is a viable alternative to incarceration, but not a substitute for it. Clients must be eligible to receive Indian Health Services (IHS) benefits. However, non-Natives can access the youth services.

Client selection into programs is based on intake and assessments conducted by teams. Each program has a multidisciplinary treatment team that screens referrals, conducts intake and assessments, develops treatment plans, monitors and adjusts treatment and aftercare plans and provides recommendations for care. Clients may exit programs at any time; however, most graduate the program with their cohort. Program staff consult with the referral agency to develop client aftercare plans. Follow-up contact is conducted at one, three, six, twelve, eighteen and twenty four month intervals. The SEARHC hospital adjacent to the residential centers provides detoxification for clients that may need it.

Special Features

SEARHC prides itself on its use of culturally sensitive treatment approaches. Prior programs based on medical models focused only on individual pathology and medical detoxification with no emphasis on cultural factors. These approaches did not adequately address the impact of intergenerational alcohol and/or drug abuse on families and communities. Special efforts are made to weave Alaska Native cultural elements into treatment and activities. Educational materials and traditional interpersonal techniques such as talking circles, ceremonial protocols, and Native art forms are used. Alaska Native elders are also recruited to guide the teachings used in programs regarding culture and tradition. In all three programs, appropriate steps have been taken to ensure that cultural needs are integral components of treatment efforts.

The SEARHC has also taken careful steps to analyze treatment needs to form the most effective response for each of the targeted populations. Ravens Way has utilized adventure based therapy, such as the wilderness exchange and family oriented living programs mentioned earlier in its effort to achieve focused youth intervention. Also, the Deilee Hit Safe Harbor House allows women with children to share a separate non-smoking home that includes childcare, separate bedrooms and play rooms for children and 24-hour staff coverage. This has aided in meeting the specialized needs of women with substance abuse problems and childcare needs.

Administration and Support

SEARHC is a health consortium comprised of over 500 employees providing comprehensive, preventive, educational, clinical, medical, hospital and psychiatric care. Although the three alcohol treatment programs are part of SEARHC, they are stand alone programs with separate staff for each program and all three programs are open to Alaska Natives statewide. Program staff provide comprehensive treatment services along with part time support from the SEARHC Edgecume Hospital.

Ongoing staff development is provided through two weeks of formal training for each program component annually, in-house training to acquire an Alaska Counseling Certification, and at off-island conferences and workshops on behavioral health topics. The SEARHC has agreements with other substance abuse programs with agencies outside of Southeast Alaska for referrals to and from their programs to access resources and services for clients.

Results and Outcomes

Since 1989, Ravens Way has graduated 638 students. Of the 638 students, 83% completed the program successfully (29% female and 54% male). In 1999, Ravens Way graduated 37 male and 13 female adolescents, over half of whom were court ordered clients. Outcome data for 1999 indicates that 60% of graduates reported sustained sobriety, 50% had improved family relations, 75% had decreased legal problems and 50% had improved school attendance.

The Bill Brady Healing Center has graduated 225 adults. In 1999 there were 51 male and 26 female graduates, half of whom were self-referrals. Follow-up data for 1997 and 1998 indicates promising results. In 1997, 85% of 68 clients interviewed six months after treatment reported no relapse into alcohol abuse. Of 73 in 1998, 84% reported no relapse. After 12 months in 1997, 82% reported no relapse, with similar results in 1998. After 12 months only 3% indicated legal problems for both 1997 and 1998.

The Deilee Hit Safe Harbor House has only been open for a short while and has graduated three women. It meets the specialized needs of Alaska Native women with substance abuse problems who are reluctant to seek help because of childcare needs.

Key to Success

- For treatment to be culturally relevant, it must be based on holistic philosophy and/or principles that combine the biological, psychological, social and spiritual aspects of a person's life. It must also acknowledge that multiple factors contribute to substance abuse and addictions.
- Use of the natural wilderness environment as a healing partner can help clients view their environment as a natural resource they can use to control their addiction.
- Become familiar with the ways that alcohol and drugs increase the risk for involvement in the criminal and juvenile justice systems. Use this knowledge to create and modify treatment and interventions that address the specific needs of substance abusing or addicted offenders.
- Promote treatment as viable sentencing alternatives for courts. Treatment programs can help judges to provide the strong, but gentle shove in the right direction for offenders with alcohol and substance abuse problems.
- Cultivate staff development to help retain employees who care about their work. This will result in excellent care for clients.
- Cultural treatment groups can help clients develop a peer support system in their communities.
- Cohort treatment can be transitioned into support groups for aftercare to help clients stay committed to recovery.

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MEDICINE WHEEL TREATMENT PROGRAM MONTANA STATE PRISON

Founded: 1997
Service Area: Montana State Prison Population
Population: 1,246 - Average Daily Population. 17.5% are American Indian males from the seven Indian nations in Montana and other Indian nations. American Indians comprise approximately 6% of the State population
Budget: A portion of $280,000 for the Chemical Dependency Program
Source: Montana State Legislature

In 1997, a Montana Department of Public Health and Human Services (DPHS) survey indicated that substance abuse is an issue for many prisoners and that 85% expressed a need for chemical dependency treatment at some point in their lives. Indian prisoners in the program specifically indicated having long term problems with alcohol, inhalants, marijuana, crack cocaine, amphetamines and heroin. Without treatment during confinement, prisoners with substance abuse problems cannot recover from their addictions and have no viable way to prepare for their return to society where they might face the same environmental risk factors that triggered their substance abuse. Although the Montana State Prison (MSP) has a Chemical Dependency Program, it has had minimal impact meeting the needs of Indian prisoners. Differences in world-view and understanding of Indian prisoners were cited as the main reason that mainstream chemical dependency treatments were not effective for the Indian population.

Program Description

The objective of the Medicine Wheel Treatment Program is to provide culturally relevant treatment, activities and services to Indian prisoners by culturally competent prison staff. The program is based on American Indian philosophies adapted from the Montana Indian nations and others throughout the country. The core philosophies of the program incorporate beliefs common to these Indian tribes. Foremost is that the program is designed as a give away, an important indigenous principle of reciprocation practiced by many Indian nations. This principle encourages participants to take what they need from the program for growth and healing, and at some point be able and willing to pass it on to another person in need. The Medicine Wheel Program does not promote any particular Indian culture; rather, it provides the framework from which Indian inmates can inject their own cultural and spiritual reference to help them in their recovery process.

"I had been to treatment on the outside four times, it never seemed to work for me because I couldn't comprehend their teachings and it didn't feel natural. The Medicine Wheel is natural. I believe it and I understand the indigenous processes that are used because they are about me, an Indian man."

Since its development, the Medicine Wheel Program has become an essential component of the Chemical Dependency Program. The Medicine Wheel Treatment Program utilizes the framework of the Prison Chemical Dependency Program and is designed to move the chemically dependent prisoner through four phases of treatment: 1) from resistance to help;

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2) compliance with treatment; 3) full involvement in treatment; and 4) the final phase of voluntary self change. The Prison Chemical Dependency Program builds upon the nationally known Alcoholics Anonymous (AA) Program by blending culturally based beliefs and values with the AA step program. The treatment tracks in the Chemical Dependency Program include: 1) Relapse Prevention; 2) Primary Treatment; 3) Intensive Treatment; 4) Medicine Wheel Treatment; and 5) Voluntary Continuing Care.

Case Processing

Client identification occurs through court orders, parole board conditions, screening at initial admission and through self-referrals. Client selection for the program reflects parole eligibility, treatment history and participant interest. Once admitted into the program, clients are evaluated using standardized assessment tools and an intensive biographical, psychological and social interview. The information is used to determine the client's entry level and treatment plan. The treatment plan follows a continuum of care model, which includes an aftercare plan upon discharge from the program or release from prison and follow up.

A continuing care group within MSP provides aftercare for clients who are not eligible for parole or have longer sentences. A continuing care network within the State assists with aftercare plans for clients released from prison. Aftercare services are accessed primarily through an extensive referral network among participating community agencies and programs located on and off Indian communities. Some of these resources include the Montana Chemical Dependency Center, Connections Corrections, and Alcoholics Anonymous and Narcotics Anonymous Programs throughout the State, including various faith communities. Clients exit the program when they have successfully completed their treatment plans.

Core beliefs of the Medicine Wheel Treatment Program include:

- A supreme being and spiritual realm exist;
- Elders are a guiding force;
- Respect for diversity among the Indian nations;
- Alcohol and drugs are destructive forces that are harmful to the Indian way of life;
- Desire and self motivation to recover from alcohol's destructive impact;
- Natural order in the universe;
- Traditional Indian teachings as the source for knowledge to understand the natural order;
- Spiritual persons understand that they make mistakes on a daily basis, but are always worthy of returning to the Creator for guidance and support; and
- Those that walk the road are committed to a warrior way of thinking to overcome substance abuse and/or chemical dependency.

Special Features

Indigenous based program design: The Medicine Wheel is a holistic approach developed primarily by Indian people in recovery for Indian prisoners seeking an indigenous path, the Red Road, for the healing journey. The program features supportive participation for Indian clients using such approaches as the talking circle, traditional ways of invoking the spiritual realm for guidance, courage and thanksgiving, and healing and cleansing ceremonies such as sweats, smudging and Sacred Pipe ceremonies.

Culturally relevant materials and resources: The curriculum is based on the cultural and spiritual teachings of Indian people. It uses the Medicine Wheel philosophy of interconnectedness between man, nature and the universe and the circular nature of the human experience. These modifications make the AA's program more culturally relevant and useful for Indian clients in recovery.

Culturally competent staffing support: A Native American counselor was hired to create, design and establish a culturally relevant treatment component, and to provide individual and group counseling.

Peer to Peer counseling: Prisoners who have graduated from the program are recruited to serve as mentors, which allows them to use the principle of reciprocation and give back to fellow prisoners. This benefits other prisoners and helps graduates to

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practice the lessons they learned from the Program. This method reinforces treatment, and reduces the chance of relapse.

Administration and Support

Acknowledging that the Indian clients needed something different, the Chemical Dependency Program staff set out to create a program more meaningful and useful to its Indian inmates. An Indian person who was hired to work specifically with the Indian population assisted with a thorough review of the Chemical Dependency Program. This review helped to identify the strengths and weaknesses of the program and to sift out the core principles and approaches to transfer to the new program. The Chemical Dependency Program launched a research effort to acquire knowledge about effective treatment approaches for Indian people. Research and identification of culturally relevant materials and treatment approaches helped to inform the program development process. Staff screened videos, curricula, workbooks and various collections of materials obtained from several sources. This process guided the Chemical Dependency Program to select a model and materials that had precedence with treating Indian prisoners. Equipped with this knowledge, the Chemical Dependency Program developed the Medicine Wheel Program. Once the design and development stage was complete, program staff received training from the lead Native American counselor and began the implementation process.

The General Fund Appropriation by the Montana Legislature funds the Chemical Dependency Program. In FY 1999, $280,000 was budgeted to support the Chemical Dependency Program, including the Medicine Wheel's purchases for training and resource materials, videos used by the program, and materials needed to conduct healing ceremonies. Staff training includes orientation and 40 hours of individualized training and 40 hours of biannual mandatory continuing education to retain counseling certification.

Results and Outcomes

Since the Medicine Wheel Program was established, program staff has seen a marked increase in admission of Indian clients into treatment and participation in peer counseling. In 1999, a quarter of the 1,246 prisoners (based on ADP) participated in the Chemical Dependency Program. Five percent were Indian inmates. Of the 317 inmates in the program, 61 Indian males (19.2%) participated in the Medicine Wheel Program. Of the 61 Indian clients, 46 were court ordered and 15 were self-referrals. The average monthly caseload for the Medicine Wheel component is 25. In the first six months of FY 2000, Native American participation had increased 30% compared to 19% participation in all of FY 1999.

Expected outcomes for the overall program in 2000 are that:

- 70% of clients will be discharged successfully with completed treatment plans;
- 80% of clients contacted after six months of discharge will report no usage of alcohol and/or drugs; and
- 60% of clients contacted after 12 months of discharge will report no usage of alcohol and/or drugs.

Statistics for the Chemical Dependency Program in FY 1998 indicate that of the 218 clients discharged with successfully completed treatment, 92% were contacted at six months post discharge and 89% reported no usage since treatment. One percent had been re-arrested and four percent had reported parole violations. Ninety one percent of the same cohort were contacted after one year. No usage since treatment was reported by 80%, four percent had been re-arrested and six percent had parole violations.

In FY 1999, of the 263 clients discharged with successfully completed treatment, 91% were contacted at six months post discharge and 83% reported no usage since treatment. Six percent had been re-arrested and five percent had reported parole violations. Ninety one percent of the same cohort was contacted after one year. No usage since treatment was reported by 78%, nine percent had been re-arrested and one percent had reported parole violations. Data for both years do not indicate whether the arrests or parole violations were alcohol or drug related. Data specifically for Indian clients was not extrapolated.

Keys to Success

- Hire culturally competent staff to create, design and establish culturally relevant treatment components and to provide individual and group counseling.
- Survey inmates to obtain input on the types of interventions or treatments that would help them while in confinement.
- Use programs designed by Indian people, such as the Medicine Wheel, which uses holistic approaches found in Indian cultures, including healing and cleansing ceremonies such as sweats, smudging and Sacred Pipe ceremonies, to instill inner strength for recovery.
- Adapt culturally relevant materials and resources to begin your own program. Search for curricula based on the cultural and spiritual teachings of Indian people to guide program development and use with clients.
- Develop relationships with outside agencies to help clients to continue their treatment with solid aftercare planning so they can stay committed to their recovery or control over alcohol and drugs.

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Section II. Literature Review And Selected Bibliography

Introduction

This section provides an overview of current research on alcohol and substance abuse and related social and behavioral problems. This is not an exhaustive list, rather it is designed to highlight some useful references and serve as a guide to academic literature on these issues. The focus is on alcohol, drinking and substance abuse and their relationship to crime, domestic violence, child abuse and neglect, Fetal Alcohol Syndrome, gambling, gangs, injury and motor vehicle crashes, and suicide among American Indians and Alaska Natives.

Overview

Although, there are over 1,000 articles, book chapters, and books about alcohol and other substance use and abuse among many tribes of American Indians, much more work is necessary to adequately address these issues. The quality and volume of research is erratic and many areas need more intensive examination. Generally, more research needs to be conducted on patterns of alcohol and other substance abuse and abstinence among Indian adults of a variety of tribes, social settings, and several states. Such research should emphasize identification of protective factors.

On the issue of prevention, current literature includes very few articles on the prevention of alcohol and substance abuse among Indians and is particularly lacking in examples of successful prevention initiatives. The literature is also sparse on the related topic of treatment of substance abuse among Indians. Evaluations of recent, innovative programs that utilize a variety of approaches developed from traditional Indian culture and religion would be particularly valuable. It would also be helpful to review the most effective techniques used in mainstream treatment populations.

Although over 120 articles address the relationship of alcohol and other drugs to crime, this body of literature is woefully inadequate. The vast majority of articles on crime and American Indians are general descriptions that include some arrest statistics and other indicators of the magnitude and types of crime being committed. The etiology of crime among Indians is not well understood, nor has there been sufficient examination of the causal effect of alcohol and substance abuse on crime. The literature also does not address personality variables, the effect of traditional versus modern lifestyles and religion, and economic variables. Virtually no studies present a comprehensive, empirical and statistical documentation of the exact tie between alcohol, drugs, and crime of all types, nor can this comprehensive understanding be pieced

together from a variety of articles. There has also been little study of how the alcohol/crime nexus may differ in different geographical settings. Furthermore, the effect of criminal justice policies on both crime and substance abuse requires attention.

It is important to note that, over the years, many have experienced barriers in writing proposals and conducting research in the area of crime and substance abuse. Imprecise data is a key obstacle. For example, most federal reports, including the Uniform Crime Reports and National Household Survey on Drug Abuse, lump Indians into the ethnic category of other.

On the local level, tribal police and jail records may be incomplete or they may employ data systems that only permit analysis of aggregate data rather than by individual offender. Although some tribal systems are computerized, it remains difficult to extract information. It would be beneficial to strengthen the research orientations of tribal law enforcement as well as treatment agencies.

One of the best areas of behavioral research involves suicide among Indians. There are over 300 academic works and reports published on this issue. These include descriptive, etiological and prevention studies. Several successful suicide prevention initiatives have also been well documented. There is also solid research on Fetal Alcohol Syndrome (FAS). This literature is more statistically oriented and empirical than some of the other reviewed areas. Five salient articles are listed in this chapter and the body of available literature is at least four times as large.

There remain, however, a number of topical areas plagued by a lack of information. Among these are the role of alcohol and substance abuse in domestic violence and child abuse and neglect. This review identified eight articles which touch on domestic violence, and fifteen which address child abuse and neglect among American Indians. Although there is ample anecdotal information about the role of alcohol and drugs in these phenomena, more research is needed.

The literature is also insufficient on the issues of gambling and gangs. Increased gambling on reservations has led to and will no doubt lead to more behavioral problems that challenge Indian criminal justice and behavioral health officials. Likewise, the rise of gangs, particularly those with urban origins and traits, is also causing problems. Unfortunately, the literature provides little description or enlightenment in these areas. Four articles on gambling, and four on Indian youth gangs were found.

Finally, further research is needed on injury and motor vehicle crashes. Ten articles on motor vehicle crashes involving Indians are listed. In general, trends in unintentional death in Indian country indicate that the death rate (both motor vehicle and other) has been decreasing over the past 30 years. However, Indian rates are still higher than U.S. averages and more study is needed concerning the patterns, causes and prevention of such injuries.

The current literature on substance abuse and related issues among American Indians is not very comprehensive. However, the following articles provide an overview of the research to date and can serve as links to other sources of information.

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Section III. Resources

WHERE TO START LOOKING FOR RESOURCES

This section provides a selected list of public, non-profit and private agencies addressing alcohol and substance abuse issues in Indian communities. Hopefully you will find funding for training and technical assistance, publications and videos, and clearinghouses and networking opportunities. It is organized in three sections: Federal Agencies, State Resources, and Private and Non-Profit Resources.

A. Federal Agencies

Federal Domestic Assistance Catalog
www.gsa.gov/fdac/queryfdac.html

The Federal Register
Office of the Federal Register (NF)
National Archives and Records Administration
700 Pennsylvania Avenue, NW
Washington, DC 20408-0001
Phone: (202) 512-1800
www.nara.gov/nara/fedreg/

U.S. Department Of Education

Safe and Drug-Free Schools Program
Department of Education
1250 Maryland Avenue, SW, Room 604
Washington, DC 20202-6123
Phone: (202) 260-3954 Fax: (202) 260-7767
www.ed.gov/offices/OESE/SDFS

Summary: The Safe and Drug-Free Schools Program provides support for school and community-based programs to help our communities to prevent drug and alcohol abuse and violence. Technical assistance, training and grants are available through the Department.

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U.S. Department Of Health And Human Services

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, M.S.D. 14
Atlanta, GA 30333
Phone: (404) 639-7000 Fax: (404) 639-7111

Summary: The Center for Disease Control and Prevention aids in conducting research on alcohol and drug abuse throughout the country. Results from their studies will help you review prevention and intervention methods used by health care and mental health care professionals. Some highlights of the web site are prevention databases and search functions.

Center for Substance Abuse Prevention (CSAP)
5600 Fishers Lane Rockwall II
Rockville, MD 20857
Phone: (301) 443-0365 Fax: (301) 443-5447
http://www.samhsa.gov/csap/

Summary: CSAP provides national leadership in federal efforts to prevent alcohol, tobacco and other drug (ATOD) use, which are linked to other serious national crime and violence problems. CSAP connects people to resources, ideas and strategies combating and reducing ATOD use nationally and internationally. One highlight of the web site is the Regional Alcohol and Drug Awareness Resource (RADAR) Network providing practitioners with current prevention information. RADAR Network Centers are located in every State and U.S. and are available to all community members.

Center for Substance Abuse Treatment (CSAT)
5600 Fishers Lane, Rockwall II
Rockville, MD 20857
Phone: (301) 443-5700 Fax: (301) 443-8751
http://www.samhsa.gov/csat/

Summary: CSAT works with state, local communities, health care providers and national organizations to upgrade the quality of addiction treatment, to improve the effectiveness of substance abuse treatment programs and to provide resources to ensure provision of services through the Comprehensive Treatment Recovery Continuum.

Indian Health Service (IHS)
5600 Fishers Lane
Parklawn Building
Rockville, MD 20857
Phone: (301) 443-3593 Fax: (301) 443-4794
http://www.ihs.gov/index.asp

Summary: The IHS provides funding to develop innovative strategies that address mental health, behavioral and substance abuse and community safety needs of Native Americans. Visit its web site to obtain information, grant resources and links to the 12 IHS areas throughout the country.

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
Phone: (800) 729-6686 or (800) 487-4889 TDD
Fax: (301) 468-7394
http://www.health.org/

Summary: The NCADI offers application kits to potential grantee organizations and offers the latest research and information on alcohol-related issues. Publications and grant announcements, videos and other materials can be obtained, including alcohol treatment resources in your area. The NCADI clearinghouse provides information for:

Publications for Native Americans
www.health.org/multicul/natamer/napubs.htm

Resources and Organizations for Native Americans
www.health.org.multicul/natamer/nares.htm

National Clearinghouse on Families and Youth
P.O. Box 13505
Silver Spring, MD 20911-3505
Phone: (301) 608-8098 Fax: (301) 608-8721
http://www.ncfy.com/

Summary: Provides information and links to sources for family strengthening and youth development.

National Institute on Alcohol and Abuse and Alcoholism (NIAAA)
6000 Executive Boulevard, Suite 400
Willco Building, M.S.C. 7003
Bethesda, MD 20892
Phone: (301) 443-3860 Fax: (301) 443-6077
www.niaaa.nih.gov/

Summary: The NIAAA conducts biomedical and behavioral research on the causes, consequences, treatment and prevention of alcoholism and alcohol-related problems, including research, information and resources. Grants and contracts are made available for funding. It monitors alcohol-related legislation and policy development and proposals made by the Secretary of Health and Human Services and Congress.

Substance Abuse and Mental Health Services Administration (SAMHSA)
5515 Security Lane Rockwell II
Rockville, MD 20857
Phone: (800) 729-6686 or (301) 443-3958
www.samhsa.gov/

Summary: SAMHSA is the lead federal agency for improving access to quality substance abuse prevention, addiction treatment and mental health services. It provides training and technical assistance for grantees in local, state and tribal substance abuse programs.

U. S. Department Of Housing And Urban Development

Indian Housing Drug Elimination Program
Office of Native American Programs (ONAP)
1999 Broadway, Suite 3390
Box 90
Denver, CO 80202
Phone: (303) 675-1600 Fax: (303) 675-1662
www.codetalk.fed.us

Summary: Funding is available through Housing and Urban Development (HUD) for the elimination of drugs in American Indian communities. Indian housing, programs and organizations are eligible to apply. ONAP provides training and technical assistance regarding program planning, development and management.

U. S. Department Of Interior

Bureau of Indian Affairs (BIA)
1849 C Street, NW, MS-460 MIB
Washington, DC 20240-0001
Phone: (202) 208-3711 Fax: (202) 501-1516
www.doi.gov/bia/

Summary: The BIA assists American Indian and Alaska Natives to achieve their self-determination goals and to enhance the Federal government's responsibility to provide opportunities for Indian nations to address alcohol and substance abuse. Their goals are met by coordinating with other federal agencies to provide resources and funding support to Indian nations. More specifically, the Office of Alcohol and Substance Abuse Prevention provides leadership and direction for all BIA alcohol and substance abuse prevention activities. Also visit the BIA Highway Safety Program at the web site address above and at (505) 248-5053.

U. S. Department Of Justice

American Indian and Alaskan Native Affairs Office
810 7th St., NW
Washington, DC 20531
Phone: (202) 616-3205 Fax: (202) 514-7805
www.ojp.usdoj.gov/aian/

Summary: The American Indian and Alaska Native Affairs office enhances access to information by federally recognized American Indian and Alaska Native tribes regarding funding opportunities, training and technical assistance and other relevant information.

Bureau of Justice Assistance (BJA)
810 7th St., NW, 4th Floor
Washington, DC 20531
Phone: (202) 616-6500 Fax: (202) 305-1367
www.ojp.usdoj.gov/bja/

Summary: BJA provides funding, training, and technical assistance to local, state and tribal governments to combat and reduce violent and drug-related crime and help improve the criminal justice system.

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Bureau of Justice Statistics (BJS)
810 7th St., NW
Washington, DC 20531
Phone: (202) 307-0765 Fax: (202) 307-5846
www.ojp.usdoj.gov/bjs/

Summary: BJS collects and analyzes statistical data on crime, offenders, crime victims and justice systems at all levels of government. It provides financial and technical support to state statistical agencies and administers special programs that aid state and local governments in improving their criminal history records and information systems including alcohol-related crime information.

Corrections Program Office (CPO)
810 7th St., NW
Washington, DC 20531
Phone: (202) 307-3914 Fax: (202) 307-2019
www.ojp.usdoj.gov/cpo/

Summary: CPO provides financial and technical assistance to state, tribal and local governments to implement corrections-related programs, including correctional facility construction and corrections-based drug treatment programs located near the home of the offender.

Drug Courts Program Office (DCPO)
810 7th St., NW, 8th Floor
Washington, DC 20531
Phone: (202) 616-5001 Fax: (202) 305-9075
www.ojp.usdoj.gov/dcpo/

Summary: The DCPO supports the development, implementation and improvement of drug courts. State governments, courts, and tribal governments are eligible to apply for resources. Technical assistance and training is available.

Executive Office for Weed and Seed (EOWS)
810 7th St., NW, 6th Floor
Washington, DC 20531
Phone: (202) 616-1152 Fax: (202) 616-1159
www.ojp.usdoj.gov/eows/

Summary: EOWS helps communities build stronger, safer neighborhoods with community-based, multi-disciplinary approaches to combating crime. Weed and Seed involves law enforcement and community-building activities, including economic development and support services.

National Institute of Justice (NIJ)
810 7th St., NW
Washington, DC 20531
Phone: (202) 307-2942 Fax: (202) 307-6394
www.ojp.usdoj.gov/nij/

Summary: NIJ supports research and evaluation of programs that are innovative and improve criminal justice systems. It assists with development of new criminal justice technologies. Funding and technical assistance are available for research and evaluation programs including those in Indian communities.

Office of Community Oriented Policing Services (COPS)
U.S. Department of Justice
1100 Vermont Avenue, NW, 9th Floor
Washington, DC 20530
Phone: (800) 421-6770 Fax: (202) 616-9612
www.usdoj.gov/cops

Summary: COPS provides funding opportunities for federally recognized Indian nations. The COPS' Tribal Resources Program provides law enforcement training, equipment and officer positions. Indian nations are eligible to apply for grants, such as COPS MORE and FAST programs.

Office of Juvenile Justice Delinquency and Prevention (OJJDP)
810 7th St, NW
Washington, DC 20531
Phone: (202) 307-5911 Fax: (202) 514-6382
www.ojjdp.ncjrs.org

Summary: OJJDP provides funding to improve juvenile justice systems. It sponsors innovative research, demonstration, evaluation, statistics, technical assistance and training programs to increase understanding of and response to juvenile violence, delinquency and victimization. OJJDP manages the Tribal Youth Program and the Enforcement of Underage Drinking Laws Program and funds the Tribal Youth Training and Technical Assistance Program.

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Office of Justice Programs (OJP)
Office of Assistant Attorney General
810 7th St., NW
Washington, DC 20531
Phone: (202) 307-5933 Fax: (202) 514-7805
www.ojp.usdoj.gov

Summary: OJP was created in 1984 to provide federal leadership in developing the nation's capacity to prevent and control crime, administer justice, and assist crime victims. OJP also works to reduce crime in Indian country, enhance technology use within the criminal and juvenile justice systems, and support state and local efforts through technical assistance and training.

Office Of National Drug Control Policy (ONDCP)

Executive Office of the President
Washington, D.C. 20530
Phone: (202) 395-6645 Fax: (202) 395-5653
www.whitehousedrugpolicy.gov

Summary: ONDCP is a White House agency that assists the President in achieving goals for addressing drug abuse problems by assisting with public policy development and providing input on prevention, intervention, suppression and eradication of drugs throughout the country. Visit its web site to get the latest on White House sponsored initiatives and links to other sources.

Department Of Transportation

Impaired Driving Division
National Highway Traffic Safety Administration (NHTSA)
400 Seventh Street, SW
Washington, DC 20590
Phone: (202) 366-2715 Fax: (202) 366-2766
www.nhtsa.dot.gov

Summary: The goal of the NHTSA Impaired Driving Program is to reduce alcohol-related fatalities. NHTSA has partnerships with the IHS, BIA and UNITY to combat motor vehicle related fatalities and injuries. Visit its web site to obtain information about highway safety, training and technical assistance, funding, and about programs in your state.

Department Of Treasury

Bureau of Alcohol, Tobacco and Firearms (ATF)
650 Massachusetts Avenue, NW
Washington, DC 20226
Phone: (202) 927-8500 Fax: (202) 927-8868
www.atf.treas.gov/

Summary: ATF works with other government agencies, public advocacy, and community groups to develop a partnership to combat underage drinking and driving.

B. State Resources

Generally, Indian nations and tribal organizations are eligible for funding, training and technical assistance from states, but criteria for eligibility varies by location. Federal and state resources include formula funds, pass-through grants and block grants. Below are web sites for the points of contact in each state agency. Contact the respective federal public affairs office for more information.

State Administering Agencies:

- Department of Health and Human Services-Substance Abuse and Mental Health Services Administration
  www.samhsa.gov/programs/statesum/summary.htm
  www.aphsa.org

Use the combined addresses to access state resource information. Also contact the state point of contact to inquire about funding amounts for formula and discretionary grants.

- Department of Justice
  www.ojp.usdoj.gov/ocpa/map
- Department of Transportation
  www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/index.html

C. Private And Non-Profit Resources

American Indian Development Associates (AIDA)
2401 12th St., NW, Suite 212
Albuquerque, NM 87104
Phone: (505) 842-1122 Fax (505) 842-9652
aidainc@flash.net

Summary: AIDA provides training and technical assistance for tribal juvenile justice systems under a Cooperative Agreement with the U.S. Office of Juvenile Justice and Delinquency Prevention. In particular, training and technical assistance in substance abuse prevention and intervention to Tribal Youth Program Grantees will begin in FY 2000.

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
Phone: (404) 815-5700 Fax:(404) 815-5789
www.bgca.org

Summary: The Boys & Girls Club of America is a national non-profit organization with members throughout America, including 75 clubs located in Indian country. The organization receives federal and private funds to support various prevention and intervention programs for positive youth development.

The Council of Foundations
http://www.cof.org/
The Foundation Center
http://www.fdncenter.org

Mothers Against Drunk Driving (MADD)
National MADD Office
511 E John Carpenter Fwy, Suite 700
Irving, TX 75062
Phone: (800) 438-6233
www.madd.org

Summary: MADD is a grassroots, non-profit organization with over 600 chapters nationwide. It focuses on development of effective solutions to drunk driving and underage drinking problems. It supports victims and those who have lost someone due to drunk driving. Currently, there are two Indian MADD chapters. Contact MADD for assistance in starting a chapter in your community.

National Association for Native American Children of Alcoholics (NANACOA)
1402 Third Avenue, Suite 1110
Seattle, WA 98101
Phone: (206) 467-7686

Summary: NANACOA informs policymakers about the needs of Native American children of alcoholics and influences positive change toward healthy communities. It holds national conferences and develops educational and supportive information for Native Americans.

National Association of Drug Court Professionals (NADCP)
901 North Pitt St., Suite 370
Alexandria, VA 22304
Phone: (703) 706-0576 Fax: (703) 706-0577
www.nadcp.org

Summary: In partnership with the U.S. Drug Courts Program Office, NADCP assists states and tribal governments in the development of drug courts through training and technical assistance.

National Crime Prevention Council (NCPC)
1700 K Street, NW, Second Floor
Washington, DC 20006-3817
Phone: (202) 466-6272 Fax: (202) 296-1356
www.ncpc.org

Summary: NCPC provides training, technical assistance, information dissemination, and program development and evaluation for criminal and juvenile justice practitioners nationwide. Visit its web site for publications and Indian-specific crime prevention initiatives.

National Indian Child Welfare Association (NICWA)
3611 SW Hood Street, Suite 201
Portland, OR 97201
Phone: (503) 222-4044 FAX: (503) 222-4007
www.nicwa.org

Summary: NICWA is a non-profit advocacy organization for Indian children. It provides a booklet on Fetal Alcohol Syndrome and posters on substance abuse prevention. Visit its web site for links to other Indian-specific child welfare sources and publications.

National Youth Gang Information Center Institute for Intergovernmental Research
P.O. Box 12729
Tallahassee, FL 33217
Phone: (850) 385-0600 Fax: (850) 386-5356
iir.com/nygc/

Summary: The Center provides training, technical assistance, information and publications for criminal and juvenile justice practitioners nationwide, specifically on youth gang problems. Visit its web site for links to other gang-related resource information and resources.

Native American Health Resource on the Internet
hanksville.phast.umass.edu/misc/indices/Nahealth.html

Summary: Native American Health Resource on the Internet provides a comprehensive listing of health resources and organizations pertaining to American Indians and Alaska Natives.

Northern Plains Native American Chemical Dependency Association
P.O. Box 1153
Rapid City, SD 57709
Phone: (605) 341-5360
rapidnet.com/npna/

Summary: The Association provides training for alcohol and substance abuse counselors in various categories and levels to obtain certification.

Pacific Institute for Research and Evaluation (PIRE)
11140 Rockville Pike, Suite 600
Rockville, MD 20852
Phone: (301) 984-6500 Fax: (301) 984-6559

Summary: PIRE provides technical assistance and training to states, units of local government, selected demonstration sites, and American Indian and Alaska Native communities in support of the U.S. Office of Juvenile Justice and Delinquency Prevention's Enforcing Underage Drinking Laws Program. Call or visit its web site for valuable information on public policies to deter underage drinking and links to other resources.

The Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543-2316
Phone: (609) 452-8701
www.rwjf.org/main.html

Summary: The Robert Wood Johnson Foundation is one of the nation's leading philanthropy organizations devoted to health and health care. It provides funding for substance abuse prevention and other health related initiatives. It also lists numerous resources for publications and other valuable links.

Students Against Destructive Decisions (SADD)
P.O. Box 800
Marlboro, MA 01752
Phone: (800) 787-5777 Fax: (508) 481-5759
www.saddonline.com

Summary: SADD is a school-based organization dedicated to addressing the issues of underage drinking. Check out the source for information on starting a chapter in your community.

Substance Abuse Treatment Facility Locator
substanceabuse.about.com

Summary: An online version of the most recent National Directory of Drug Abuse and Alcoholism Treatment Programs. The directory lists federal, state, local, and private facilities that provide drug abuse and alcoholism treatment services.

Tribal Law and Policy Institute (TLP)
P.O. Box 460370
San Francisco, CA 94146
Phone: (415) 647-1755 FAX: (805) 932-4470
www.tribal-institute.org

Summary: TLP is the technical assistance provider for the U.S. Drug Court Program Office, which funds the Tribal Wellness and Healing Courts. It also provides information on tribal courts and law related topics, including links to the National American Indian Court Judges Association and other Indian-specific resources.

Reducing Alcohol And Substance Abuse Among American Indians And Alaska Natives

University of Colorado Health Science Center
Healthy Nations Initiative
Healthy Nations Main National Program Office
Department of Psychiatry
University of Colorado Health Sciences Center
University North Pavilion, A011-13
4455 East 12th Avenue
Denver, CO 80220
Phone: (303) 315-9272 Fax (303) 315-9577
www.uzhsc.edu/sm/hnp

Summary: Healthy Nations is an initiative to assist American Indian and Alaska Natives reduce the harm caused by substance abuse in their communities with emphasis on prevention and early intervention. The initiative supports public awareness campaigns, prevention programs and services for treatment and aftercare. Incorporation of traditional cultural values is a key component of the Healthy Nations Initiative. Currently 14 Indian nations are funded by this initiative.